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ABSTRACT

The Project on State-Level Child Outcomes was initiated by the U.S. Department of Health and Human Services to examine the effects on children of waiver policies related to state welfare reform efforts prior to the passage of federal welfare reform legislation. This report details the project's examination of child well-being in the context of five distinct state welfare programs. Part 1 of the report describes the process by which researchers, state administrators, and evaluators came to agree upon a common core of measures of child outcomes. Part 2 highlights features of the states' demonstrations and evaluations that presented challenges and opportunities for assessing child well-being and integrating findings across the five evaluations. This part describes the waiver policies in five states (Connecticut, Florida, Indiana, Iowa, Minnesota), describes their evaluation designs, discusses the implications of variations in the states' policies and evaluations for the synthesis and integration of findings across the five evaluations, proposes analytic strategies, and describes how findings from the project can increase understanding of welfare reform policies and their implications for child development. The report notes that the project will allow a comparison of various policy packages which anticipated provisions in the 1996 national welfare legislation and will permit an examination of the processes mediating the impact of welfare policies on children. Two appendices include a list of key project participants. Contains 16 references. (KB)

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An Overview and Synthesis of the Project on State-Level Child Outcomes

Suzanne Miller Le Menestrel, Kathryn Tout, Sharon M. McGroder, Martha Zaslow and Kristin Moore

Prepared for the Edna McConnell Clark Foundation
April, 1999

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Introduction

In most states, welfare reform was initiated before the passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PL 104-193). Forty-three states implemented welfare reform demonstrations between 1993 and 1996 under the Federal 1115 waivers. As a condition of obtaining a waiver, states were required to conduct an evaluation of the impacts of their welfare reform demonstrations on adult outcomes and behaviors. The Project on State-Level Child Outcomes was initiated by the U.S. Department of Health and Human Services (HHS) to augment waiver evaluations by examining the effects of waiver policies on children. State policies which directly target adult behaviors and outcomes such as employment and income have clear implications for children (Zaslow, Tout, Botsko, & Moore, 1998). Including measures of child well-being in these states' evaluations will enable researchers, policy makers, and service providers to know whether the effects of programs on children are positive, negative, or whether they occur at all.

Twelve states with existing evaluations of their waiver demonstration programs were competitively awarded one-year planning grants from HHS. The states received technical assistance to develop plans for adding measures of child well-being to their existing waiver evaluations and for improving their state data system capacities. The 12 states were: California, Connecticut, Florida, Illinois, Indiana, Iowa, Michigan, Minnesota, Ohio, Oregon, Vermont, and Virginia. Funding for the project came from HHS' Office of Planning, Research, and Evaluation at the Administration for Children and Families (ACF), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). Additional federal funding to support this project has been provided by the U.S. Department of Agriculture, the National Institute of Child Health and Human Development (NICHD), and the Centers for Disease Control. Several private foundations have contributed funding to support preparation for national level meetings of the project, the provision of technical assistance to the states, and the preparation and dissemination of written products. These include: the Annie E. Casey Foundation, the Edna McConnell Clark Foundation, the George Gund Foundation, and the Smith Richardson Foundation. Technical assistance was provided to the states by a team of researchers representing the NICHD Family and Child Well-being Research Network, led by Child Trends, Inc. A list of key project participants appears in the Appendix.

There are two phases to the project: (1) the planning phase, initiated October 1, 1996, and completed in the summer of 1997, and (2) the second operational phase initiated in the fall of 1997 and still ongoing for at least three years.

The Project on State-Level Child Outcomes presents a unique opportunity to examine and contrast child well-being in the context of five distinct state welfare programs with evaluation studies using experimental designs. This paper has two parts. In Part I, we will describe the process by which researchers, state administrators and evaluators came to agree upon a common core of measures for the study of child outcomes. In Part II, we will highlight features of the

states= waiver demonstrations and evaluation procedures that present challenges and opportunities for assessing child well-being and integrating findings across the five evaluations. Part II has four sections: (1) we set the context of the evaluations by presenting an overview of the waiver policies in the five states; (2) we describe the designs of the five child outcomes evaluations, including the samples, data collection and analysis plans, data collection procedures, and the constructs that are being measured in the common core and variations by state; (3) we discuss the implications of variations in the states= policies and evaluations for the synthesis and integration of findings across the five evaluations; and (4) we propose analytic strategies and describe how findings from the Project on State Level Child Outcomes can further our understanding of welfare reform policies and their implications for child development.

Part I: Summary of Activities of The Planning Phase

A. Goals for the Planning Phase

The activities of the planning phase brought state welfare administrators and a team of interdisciplinary researchers together to discuss the implications of welfare reform for children. These discussions were enhanced by the distinct but complementary perspectives brought to the table, one grounded primarily in research findings and methodology, and one grounded primarily in the planning and administration of human services and income support programs The goals for the planning phase were to assist participant state welfare administrators and their third party evaluators (i.e., the companies hired to construct and field the evaluations) in the development of plans to augment their welfare evaluations with studies of the impacts of welfare reform on children, and to improve their state data systems. The key product for this phase was the selection of a Acommon core@ of measures of family and child well-being that were developed and agreed upon by the researchers and state participants. These measures were later added to the surveys fielded by the states awarded operational phase funding. Additionally, states identified improvements that could be made in their existing administrative data bases or other state-level surveys in order to track child well-being on an on-going basis.

B. Themes of the Planning Phase

The major themes of the planning phase were: building common definitions; data collection options; measuring children=s child care experiences; indicators of children=s well-being; and moving toward common constructs.

Definitions.

One of the first steps in the technical assistance process was to develop a set of agreed upon definitions that all project participants would recognize and use in discussions. Some participants had more research experience and knowledge than others. In addition, while the evaluators working with the states on their evaluations had substantial research backgrounds, they were not necessarily familiar with research on children. The list of definitions was intended to give participants with these different backgrounds a common starting point with respect to defining fundamentally different research approaches and priorities. The group came to refer to

these definitions as the AFour I=s.@ Below is the set of definitions developed for use by the project participants:

1) *Indicator*: a measure of a behavior or a condition or status that can be tracked over time, across people, and/or across geographic units; no causal conclusions can be based on indicators.
2) *Impact Studies*: experimental/control studies in which participants are randomly assigned to either the experimental or the control group. If the study is well-designed and implemented, causal implications can be drawn for the population in the study. This means that any statistically significant differences for example on a particular child outcome measure (such as children=s academic achievement or behavior problems) can be attributed to the fact that the family was in the experimental or control group within the evaluation.
3) *Intervening mechanisms*: the ways in which welfare programs may come to have impacts on children. Intervening mechanisms are first affected by a policy or program; they in turn affect children=s development and well-being. For example, parental depression might be an intervening mechanism that is directly affected by such components of welfare policy as time limits or mandated employment. Parental depression has negative implications for parenting practices and parent/child interactions. This in turn could have negative implications for children=s behavior and socioemotional adjustment.
4) *Inferential studies*: studies that fall between indicator and impact studies. Inferential studies go beyond indicator studies in that they attempt to assess causality, but they cannot provide definitive evidence regarding causality.

States were primarily focused on impact and indicators studies for this project, and a number of intervening variables were included as core constructs.

Data Collection Options.

Another major theme of the planning phase was an on-going discussion about data collection options. While most of the planning phase participants were familiar with administrative data and some with surveys, Child Trends wanted to deepen their understanding and bring to their attention other types of data collection strategies that might be useful for their evaluations.

Child Trends= researchers described the advantages and trade-offs of seven types of data collection strategies, including (1) administrative records (with a focus on records directly related to child well-being such as foster care placement and child abuse and neglect); (2) telephone surveys; (3) teacher surveys, (4) in-home surveys; (5) direct child assessments; (6) self-administered questionnaires and (7) in-home observational studies.

Each data collection strategy was rated as high, medium, or low on cost, richness of the child data that can be collected, and the breadth of child data that can be collected (see Table 1). For many state and local welfare reform evaluations, administrative data will be the most readily available and cost-effective source of information about families and children. However,

administrative records data vary on how detailed they are, and how much data are available for a particular individual. In addition, while administrative data often provide information on the services that an individual or family receives, they do not typically provide very detailed information on why people need services. Therefore, the states were urged to consider the further data collection options.

Measurement and Design Issues for Addressing Child Care.

It was clear from the states= original proposals and subsequent discussions that child care was an important issue needing further clarification and attention by the project team. Project participants had many questions about the implications of welfare policies for child care supply and demand, the child care subsidy system, and the links between child care quality and child development.

A meeting of child care researchers was convened by NICHD and Child Trends in February, 1997, to obtain input about the most important aspects of child care to cover in the state welfare waiver evaluations. The child care researchers were also asked to provide their recommendations for measures of child care for inclusion in the states= waiver evaluations.

Among the key findings from the child care research discussed at the meeting, the researchers noted that family income is associated with quality in family day care homes and child care centers (though, for the latter, not in a linear manner). In addition, child care affects not only children=s development, but also mothers= ability to keep a job or participate in welfare-to-work programs, as well as family stress. Research on child care quality also consistently finds that quality is related to child outcomes in multiple domains of development. Although child care quality is important for children=s development across all income groups, child care quality might be even more important for children from families at risk.

With regard to family day care, researchers at the meeting noted that licensed providers offer higher quality care. In addition, the reasons why a caregiver provides child care may affect the quality of care she provides. Group size and ratio did not seem to be very important for older children in family day care settings (perhaps within certain broad limits), although these two aspects of quality are consistently important in center day care.

Several considerations and recommendations for states= welfare waiver evaluation studies were also made at the meeting. First, the states can ask some key questions, such as those about stability of care, retrospectively. In addition, there are other aspects of care pertaining to school-aged children, such as after-school care, care during non-standard work hours, care used during the summer, and self-care that can be asked concurrently. States will also need to take into consideration the timing of the surveys with regard to when random assignment took place. For example, the role of child care shortly after random assignment may differ from its role three or four years after random assignment. Finally, the utility of administrative data was discussed, including upcoming changes in the collection of child care data that will enable states to look at individual recipients= use of child care and child care subsidies.

Indicators of Children's Well-Being.

Another important theme of the planning phase was the development of state-level indicators of child well-being and how they can be used. A meeting that was specifically focused on indicators was held in April, 1997. Many of the welfare officials involved in the waivers studies were not involved in the development of indicators in their states and thus were not familiar with how indicators could be used to examine the implications of welfare reform for children in their state. Thus, this project brought together people in the welfare offices with others who are working directly on the development of state-level indicators.

In general, state-level indicators of child well-being are useful to:

1) Track child well-being over time in general. Impact studies can only capture outcomes at a point in time (or at multiple discrete points), whereas indicators can present a picture of how children are faring historically.
2) Address welfare entry effects. If welfare reform discourages welfare entry, for instance, decreasing numbers of children will be seen in welfare records. Other data systems, however, can provide information on how children are doing outside the welfare system.
3) Monitor unintended as well as intended outcomes of policies such as welfare reform.
4) Track initial vs. delayed outcomes. If an indicator system is set up, it will track short term as well as long term outcomes that take more time to unfold.

While indicators allow one to learn a great deal about how a population is faring and how its well-being changes over time, causal attributions cannot be made. For example, an improvement over time in state level indicators of child well-being could be occurring for many different reasons, such as an out-migration of the most disadvantaged families, or because of new policies that strengthened families.

C. Moving Toward Common Constructs

Development of the Conceptual Framework.

As mentioned earlier, one of the goals of the planning phase was to agree upon a common core of constructs and measures that states could use to augment their evaluations. In order to construct the common core of measures of family and child well-being, Child Trends provided states with a framework for thinking about how welfare policies could come to affect children. This framework was based on work by Zaslow and colleagues (Zaslow, Moore, Coiro, & Morrison, 1994; 1995) which involved a conceptual framework for the pathways by which earlier welfare legislation, the Family Support Act of 1988, could affect children

Based on this earlier work, states were given a simplified and very general initial model to use as a starting point for discussion, with state welfare policies on the left, intervening mechanisms by which policies might affect children in the middle, and child outcomes on the right (see Figure 1).

Based on group discussions involving the representatives from the 12 states, using their hypotheses about how welfare reform may affect children, and drawing upon the research literature on family processes and child development, three categories of intervening mechanisms were differentiated in the model: (1) targets of welfare policies such as income or employment; (2) other aspects of adult life affected by policies such as parental psychological well-being and the use of health and human services; and (3) aspects of children=s environments including child care, the home environment, and parenting practices, that are influenced directly and indirectly by the other two sets of intervening mechanisms. Note that these three categories of intervening mechanisms are listed according to their increasing proximity to children=s daily experiences. For example, parental employment, a target of welfare policy, is a more distal domain to children than their experiences in child care, although both domains have clear connections to each other and to child outcomes.

The final components of the model, again based on input from the states, are the child outcomes that states felt would be most affected by their welfare policies. These were categorized into three domains: (1) education, (2) health and safety, and (3) social and emotional adjustment. Figure 2 presents the more differentiated model that the states agreed upon. In the next section, we outline how this model was further differentiated to include measurable constructs (i.e., topics for study).

D. Development of the Common Core of Constructs

In order to develop the common core of constructs of family and child well-being (i.e., the specific topics and measures the states agreed that they would use in common across their evaluation studies), the project participants from the 12 states were asked to brainstorm a list of constructs (topics that would be focused on in the evaluation), including both intervening mechanisms and child outcomes. Participants were subsequently asked to prioritize these constructs as Ahigh@ Amedium@ or Alow@ for inclusion in the common core. The final common core of constructs appears in Table 2.

Child Trends researchers assembled measures and survey questions that could be used by the states to measure the common core of constructs. In addition, Child Trends researchers and colleagues from the NICHD Network prepared a set of rationales or justifications for why these constructs would be important to measure in an evaluation of welfare reform policies.

E. Summary of the Planning Phase

The general tone of the planning phase emphasized the importance of collaboration in pursuit of common questions that could be asked across states with a diverse array of waiver provisions. The technical assistance team and the state participants worked closely to move from an undifferentiated model of how welfare reform affects children toward a differentiated model of specific constructs that could be addressed in studies of child well-being in the context of welfare reform.

Part II: The Operational Phase

The operational phase of the Project on State-Level Child Outcomes will last for at least three years. At the end of May, 1997, 11 of the 12 states submitted competitive applications to obtain funds to add data collection activities to their current evaluations over the three-year operational phase period. The following five states were awarded operational phase grants in the fall of 1997: Connecticut, Florida, Indiana, Iowa, and Minnesota. Child Trends has continued to be involved as technical assistance provider to the states that were selected for the operational phase. (The remaining seven states will continue to receive all meeting summaries and written products of the project.)

In their proposals, the states were asked to focus their research designs on children ages five to 12. In addition, they were asked to propose to collect data using both an in-home survey and a mixed-mode survey (a combination of a telephone and in-home survey, for those households without telephones or those who could not be reached by telephone). They were also free to propose special supplements of interest to their states, such as surveys of child care providers or children=s teachers. In addition, states were asked to propose studies involving the development of social indicators.

In the following sections, we describe and compare the five states= plans for conducting child impacts surveys and discuss the potential contribution of the results to our understanding of child development and welfare reform. To provide a context for the evaluations, we begin by reviewing the five operational phase states= waiver provisions, the policies under which the control groups are operating, and the relationship between the waiver policies and the Temporary Assistance for Needy Families (TANF) policies in the states.

A. Overview of the Waiver Policies in the Operational Phase States

The states= waiver provisions are of two kinds. Personal responsibility provisions include policies such as time limits on receipt of benefits, family caps, teen parent residency requirements, and stringent sanction rules. In general, personal responsibility provisions are designed to provide incentives for complying with program requirements. Employment-related provisions include policies such as work requirements, job search requirements, and transitional benefits (e.g., expanding transitional child care past 12 months) that enable welfare recipients to find jobs and work. Table 3 provides an overview of the personal responsibility provisions in each of the five states, and Table 4 provides an overview of the employment related provisions.

Many of these provisions were precursors to the 1996 welfare legislation and provided models for other states to adopt when developing their state Temporary Assistance for Needy Families (TANF) plans. With the passage of PRWORA, states made decisions about which features of their waiver demonstrations to retain or modify in response to the new requirements. In general, changes from the waiver demonstration programs to TANF programs have not been drastic despite the flexibility states had to experiment with new welfare strategies. Legislation is constantly evolving, however, so features of state programs are likely to be revised as states learn more about their caseload dynamics and the demands of the new policy context and as economic, demographic, and political fluctuations influence policy decisions.

Connecticut

Connecticut=s *Jobs First* welfare reform demonstration (initially *called Reach for Jobs First*) was implemented on January 1, 1996.[1] The program combines a short time limit on the receipt of cash assistance with generous earned income disregards and an emphasis on making a rapid transition to employment.

Personal Responsibility Provisions.

A centerpiece of the *Jobs First* program is a 21-month time limit on the receipt of cash assistance. Certain categories of recipients are exempt from the time limit, including, for example, minor parents and their children, and families with an adult relative who is incapacitated or elderly. Other recipients may be granted Agood cause@ extensions of six months if they have made efforts to comply with program requirements but have not found employment or have family income less than the standard AFDC grant for their family size. Those who experience barriers to working, such as domestic violence, which are beyond their control, may also be eligible for extensions.

Jobs First also has a modified family cap on assistance receipt whereby the increase in benefits for children conceived while the parent is receiving assistance is substantially reduced. In addition, the amount of child support that is disregarded when calculating a family grant is increased (from $50 to $100), and any child support collected for a child whose family is receiving welfare benefits is passed on directly to the family. For those recipients who don=t comply with program requirements (see below), sanctions are imposed. The first sanction is a 20% reduction of the grant for three months; a second instance of noncompliance results in a 35% benefit reduction for six months.[2] Full benefits are canceled for three months for a third and any subsequent instances of noncompliance.

Employment Related Provisions.

Jobs First uses a labor force attachment model which requires recipients to participate in

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[1] Note that the original welfare reform demonstration in Connecticut, A Fair Chance, was approved in August, 1994, and modifications were then approved by HHS in December, 1995.

[2] This was later changed to three months.

employment-related services and to find employment rapidly. All earned income is disregarded, and families receive full benefits until gross earnings exceed the Federal Poverty Guidelines. *Jobs First* allows recipients to accumulate assets and to own a car more valuable than that permitted under AFDC rules without losing eligibility. Transitional Medicaid benefits are continued for 24 months, and transitional child care is offered as long as family income does not exceed 75% of state median family income. *Jobs First* narrowed the exemption for parents with young children from age 2 (state option under AFDC rules) to age 1 (which is now consistent with federal law), as long as the child is not covered by the family cap (i.e., the recipient must work before the child is age 1 if the child is born while the family is already receiving benefits).

Policies Under Which the Control Group is Operating.

The control group in the two evaluation sites (New Haven and Manchester) is basically subject to AFDC rules.[3] While they are not receiving time-limited cash benefits or earned income disregards, some (those required by the Family Support Act) may be required to participate in employment-related services.

Relationship of Waiver Policies to TANF Policies.

Connecticut chose to continue its waiver when PRWORA was passed. This allows, for example, the continuation of the *Jobs First* provision to extend transitional Medicaid benefits for two years even though this extension was not part of PRWORA.

Florida

Florida=s *Family Transition Program* (FTP) started in February, 1994 in two counties.[4] FTP emphasizes time-limited receipt of cash benefits in combination with services and incentives to help recipients become employed and self-sufficient.

Personal Responsibility Provisions.

Florida, like Connecticut, was one of the first states to implement a time limit on welfare receipt. Most recipients are limited to 24 months of cash assistance receipt in any 60-month period. Long-term, disadvantaged recipients (defined using criteria from the Family Support Act of 1988) can receive 36 months of cash assistance in a 72-month period. Enrollment in FTP starts the clock; months of assistance received prior to enrollment do not count against the recipient.

Cash benefits are terminated at the end of the time limit; provisions exist, however, to provide support for families who have complied with program rules but have not found employment. For example, recipients may be placed in private or public jobs in which they earn their standard welfare grant plus work expenses. Also, recipients may be eligible for two 4-

[3] AFDC rules were slightly modified by certain PRWORA provisions also applicable to the Jobs First group (e.g., alien rules; fleeing felons and drug felons; pregnant women may receive benefits irrespective of due date).

[4] The program was discontinued in Alachua county but remains in operation in Escambia county.

month extensions of the time limits. If termination of a family=s benefits would put the children in the family at risk of being placed in an emergency shelter or foster care, the children=s portion of the grant will not be terminated and will instead be diverted to a protective payee (i.e., a person who administers the grant on behalf of the children). Additional personal responsibility provisions include enhanced child support enforcement and a requirement that unemployed non-custodial parents participate in employment-related activities; immunization requirements; school attendance requirements; and requirements that parents have regular contact with school personnel through conferences.

Employment Related Provisions.

FTP implemented an earned income disregard which allows recipients to keep the first $200 of earnings without a reduction of their cash assistance grant. Above $200, the grant is reduced by $1 for every $2 in earnings. In addition to these Amake work pay@ provisions, employment services were enhanced to include more intensive case management and increased access to social, health and supportive services. Under FTP, families can accumulate more assets (resource limit increased from $1,000 to $5,000) and own more expensive vehicles than under previous rules. FTP narrowed the program exemption for families caring for young children to include only those parents caring for children under 6 months; families also receive transitional child care for 24 months after leaving welfare.

Policies Under Which the Control Group is Operating.

The control group is subject to AFDC rules which include requirements to participate in employment and training activities. The control group is not subject to time limited receipt of cash assistance.

Relationship of Waiver Policies to TANF Policies.

Florida did not continue its waivers but did use FTP as the model for the statewide welfare reform program implemented in response to PRWORA. Work and Gain Economic Self-Sufficiency (WAGES) replaced AFDC statewide in 1996 and incorporated many provisions from the FTP demonstration. Budget constraints, however, have made it difficult to implement the full range of supportive services statewide (Gallagher, Gallagher, Perese, Schreiber, & Watson, 1998). FTP and traditional AFDC continue to operate in Escambia county, the site of Florida=s waiver evaluation and child impact study. As of October, 1996, new welfare applicants in Escambia county are placed into WAGES. Thus, Escambia county is simultaneously operating three different welfare programs.

Iowa

Iowa=s *Family Investment Program* (FIP) was implemented on October 1, 1993, and provides financial incentives for employment, asset accumulation, and family stability. Each family enrolled in FIP completes a thorough assessment and develops a Family Investment Agreement (FIA) with a case manager. The FIA outlines the steps that the client will take to achieve self-sufficiency, the supportive services that Iowa will provide, and an individually-tailored time line. The timeline can be renegotiated if a barrier outside a family's control

prevents achievement of the goals. Families that fail to develop and carry out an FIA are assigned to the Limited Benefit Plan (LBP), under which cash assistance is first reduced for three months, and then terminated for six months for the first occurrence. For any subsequent LBP, cash assistance is terminated for six months.

Personal Responsibility Provisions.

Under its waivers, Iowa did not have key provisions that many of the other states did. In particular, Iowa did not have a universal time limit, but rather caseworkers developed individualized timelines with clients as part of the FIA. Iowa also did not have a family cap or any immunization and health screening requirements. Iowa did have a minor parent residential requirement.

Employment Related Provisions.

Iowa had many provisions intended to promote self-sufficiency. Welfare recipients who were capable of working had to develop plans to participate in employment and training activities. These plans were included in the FIA. Post-secondary education is allowed for 24 months out of a 36 consecutive month period. In addition, certain job exemptions were changed such as the age-of-child exemption (this was lowered from less than 6 months to less than 3 months). Families who obtained employment were also offered two years of transitional child care assistance.

Iowa also had several provisions that enabled families to keep more of their earnings, such as modifying the earned income disregard, and increasing resource and vehicle asset limits. The FIP also eliminated the 100-hour rule which allows two-parent families to receive assistance even if they work more than 100 hours per month. In addition, FIP eliminated two other two-parent requirements—the principal wage earner and recent work history provisions.

Policies Under Which the Control Group is Operating.

Iowa chose to discontinue its waivers with the passage of PRWORA. Prior to March 1997, the control group=s eligibility for cash assistance and benefit amounts was determined using pre-reform regulations. In March 1997, Iowa extended the FIP reform policies to all cases, including the control group members. Mathematica Policy Research, the evaluator of Iowa=s waiver demonstration, estimates that about 25 percent of the original control group families were still on AFDC at that time and were consequently exposed to the new policies.

Relationship of Waiver Policies to TANF Policies.

Although Iowa chose to discontinue its waivers, it has opted to retain many of the same provisions implemented under waivers. Timelines are determined individually with a caseworker (Gallagher et al., 1998). The timeline can be renegotiated if a barrier outside a family's control prevents achievement of the goals. Iowa has stricter work requirements under TANF, requiring recipients to begin work or a training activity immediately, rather than requiring recipients to engage in work within 24 months of receiving assistance (the maximum time limit specified in the law).

Similar to its waiver policies, Iowa does not have a family cap under TANF, continues to provide transitional child care for 24 months, and allows individual development accounts, which makes it possible for recipients to accumulate funds to pursue post-secondary education, purchase a home, or start a business.

Indiana

Indiana implemented its waivers in May 1995. The Indiana *Manpower Placement and Comprehensive Training Program* or IMPACT, requires recipients to sign a Personal Responsibility Agreement (PRA) which specifies parental and self-sufficiency responsibilities. Another component of IMPACT is an aggressive Awork first@ approach encompassing training, education, and other services.

Personal Responsibility Provisions.

Indiana instituted multiple personal responsibility provisions with the implementation of its waivers. It has a 24-month adult time limit on *adults'* receipt of cash benefits and a family cap in which there is no additional assistance for the birth of another child (with some exceptions). In addition, Indiana implemented more stringent sanction rules (than allowed under AFDC), school attendance and performance requirements for teens, a minor parent residential requirement, and immunization requirements.

Employment Related Provisions.

As mentioned earlier, Indiana refocused its JOBS program, IMPACT, to stress work first, rather than a human capital development approach. Indiana also has several provisions which allow recipients to keep more of their earnings such as a modified earned income disregard and increased resource limits. Indiana also eliminated the 100-hour rule. Indiana does not provide transitional child care past 12 months, but did expand the eligibility rules. It does not provide transitional Medicaid past 12 months.

Policies Under Which the Control Group is Operating.

The control group will have no exposure to welfare reform. However, some provisions were applied to both the treatment and control group, including work registration, a minor parent residential requirement, and required cooperation with paternity establishment.

Relationship of Waiver Policies to TANF Policies.

With the passage of PRWORA, Indiana chose to keep its waivers. However, several changes, which took effect in June 1997, were made to the waiver provisions in order to meet federal and state requirements. These included expanding the PRA to include parental responsibilities to raise children in a safe home (free from domestic violence and child abuse and neglect) and receiving substance abuse treatment if an adult is found abusing drugs or alcohol.

In addition, Indiana expanded the proportion of its caseload subject to time limits, work activity participation, and other services; added a 60-month full-family time limit in addition to

the existing 24-month time limit for adults; extended eligibility for TANF services other than cash assistance; limited the lifetime eligibility for transitional child care to 12 months; and increased penalties for failure to cooperate with paternity establishment. Indiana does not have a work requirement shorter than 24 months, and is considering allowance of Individual Development Accounts (National Governor=s Association, 1997).

Minnesota

The Minnesota *Family Investment Program* (MFIP), Minnesota=s welfare demonstration program which began in April 1994, uses a combination of incentives and mandates. MFIP used a two-pronged strategy. The program increased the earned income disregard which allowed clients to keep more of their benefits while they were working (an income strategy), thus providing an incentive to work (Miller, Knox, Auspos, Hunter-Manns, & Orenstein, 1997). The second prong of the program focused employment services and employment requirements on long-term clients who were not expected to find work on their own (a service strategy) (Miller et al., 1997). MFIP also simplified public assistance rules and procedures.

The MFIP demonstration operated in eight counties and ended in June 1998. In January 1998 Minnesota had extended a slightly modified MFIP to all other Minnesota counties as its TANF program. When the demonstration project ended in June, the MFIP participants and control group cases were converted to the statewide program.

Personal Responsibility Provisions.

Under waivers, Minnesota did not have time limits for financial aid, though under TANF, the time limit in the statewide program is now 60 months (National Governor=s Association, 1997). Minnesota did not have a family cap or immunization and health screening requirements, though it did have teen school attendance and performance requirements, and a minor parent residential requirement. Families that did not comply with MFIP employment and training requirements received a 10 percent reduction in their welfare grants.

Employment Related Provisions.

To support work, MFIP allowed recipients to keep more of their welfare grant while earning additional money from employment. The program also provided direct payments to child care providers so that recipients would not have to pay child care costs up-front. MFIP employed a labor force attachment model for long-term recipients (i.e., for single parents, those receiving benefits for more than 24 of the past 36 months). They were provided employment services (job search, short-term training, and educational activities) to promote rapid entry into the labor force. For two-parent families, there was mandatory participation in employment and training services by one parent if the family received assistance for more than six months.

MFIP did not provide transitional child care or Medicaid past 12 months, though it did expand the eligibility for child care to those terminated due to increased income. MFIP also increased resource limits and vehicle asset limits, and eliminated the 100-hour rule for two-parent families (this rule makes parents ineligible for AFDC if the primary wage-earner works

more than 100 hours per month).

Policies Under Which the Control Group is Operating.

There are four research groups in the MFIP evaluation: a full MFIP group which receives MFIP=s enhanced financial incentives and which is subjected to the MFIP participation mandates; the partial MFIP group, which receives the financial incentives and is eligible for *voluntary* employment and training services under STRIDE (Minnesota=s JOBS program), but is not required to participate in MFIP employment and training activities; the partial control group, which receives benefits under the AFDC system and is eligible for voluntary STRIDE services; and the full control group, which receives assistance under the AFDC system but is not eligible for STRIDE services. The child impact study evaluation focuses on mothers assigned to all but the full control group.

In order to maintain the MFIP and control groups as part of the evaluation, Minnesota decided not to apply time limits to either group. These cases will be excluded from time limits as an inconsistency under the terms of MFIP=s waivers, or Minnesota will use state funds to provide benefits to these cases.

Relationship of Waiver Policies to TANF Policies.

In its MFIP demonstration and in its statewide MFIP program, Minnesota chose to continue four of its waivers that were viewed as central pieces of MFIP and which were inconsistent with PRWORA. These include waivers which defined work activity and exemptions from the work requirement. Under the continued waivers, there are no weekly time standards for work activities and more families may be exempted from employment requirements. Also, as mentioned earlier, Minnesota decided not to apply time limits to either the MFIP or control group as part of the evaluation.

Summary of State Waiver Policies

The five states participating in the Project on State-Level Child Outcomes implemented waiver policies with a number of common elements. As noted, many of these elements were precursors to the requirements set in place by the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. With the passage of PRWORA, all five states have a time limit but some states implemented time limits shorter than five years.

The evaluations from these states will be the first to examine the effects of these policies on children. All five states modified the earned income disregard allowed under AFDC in an effort to "make work pay" by allowing recipients to keep more of their earnings from employment. Related to a "make work pay" philosophy was many of the states' emphasis on a "labor force attachment" strategy whereby welfare recipients are required to find immediate employment rather than engage in training or educational activities to increase their employability.[5] Under this model, low-wage or part-time jobs are viewed as stepping stones to

[5] Iowa does not have a "work first" in that if training and educational activities are needed for self-sufficiency, they

more permanent employment, particularly when work is combined with education and training. The states balanced these work requirements with pilot programs that provided intensified case management and support services for welfare recipients. In addition, two of the five states implemented family caps which restricted the amount of supplementary assistance families can receive for additional children born in the family.

B. Designs of the Child Outcomes Evaluations in the Each of the Five States

Sample as Defined for the Common Project and Variations by State

Table 5 provides information about the characteristics of both the states= larger (i.e., adult-focused) evaluation samples, as well as the child outcomes samples. Selection of the sample is fairly similar across the five states, with a few important distinctions. In Minnesota, the focal child was selected randomly from those children between the ages of 2 and 9 and living with the sample member at the time of random assignment. If the selected focal child was not available (i.e. , if the child had not lived with the mother in the last three months or if the child was deceased), a second child was randomly selected and substituted.

In Iowa, the focal child will be randomly selected from the list of children in the household at the time of random assignment who are between 5 and 12 years of age at the time of follow-up. During the telephone interview, the interviewer will determine the current status of each child who had been in the household at random assignment (e.g., whether presently in the household, whether respondent sees him or her regularly). If the selected focal child is not currently in the household, has been out of the household for more than three months, and is not seen by the respondent at least once per week, then no in-home interview will be conducted with the family. An Aall-child@ module[6] will, however, be completed for these families, as well as for families that do not have a child in the 5-12 year-old age range. Focal children for the Connecticut and Florida surveys have been selected in the same way. This procedure minimizes the measurement bias that results from selecting a second child in the family if the initially selected focal child is not living in the household.

While Minnesota, Connecticut, and Florida will choose focal children solely from female-headed single parent families only, Iowa and its evaluator, Mathematica Policy Research, have decided to include male-headed single parent families (approximately 5 percent of cases) and two-parent families (approximately 7 percent of cases) in their sample. The male respondents will be asked to identify the child=s primary caregiver. If the male respondent identifies himself as the primary caregiver, he will be the respondent for the in-home portion of the survey; if he identifies his wife or another adult in the household, attempts will be made to conduct the interview with that person or with the male respondent and the primary caregiver jointly. This

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are included in the agreement between the client and the case manager.

[6] "All-child" modules are included in all of the evaluations. They contain questions that can be asked about all children in the household, regardless of age or whether they were chosen as a focal child.

procedure will ensure that the person who is most knowledgeable about the focal child will be providing the interview.

In Indiana, there are three cohorts that comprise the evaluation sample. These include ongoing cases that received AFDC benefits in May 1995 and were randomly assigned in that month; new cases that began receiving benefits between May 1995 and May 1997; and new cases that began receiving benefits between June 1997 and April 1998. Families in the first two cohorts will be exposed to both the original and expanded welfare reform policies which took effect in June 1997, whereas families in the last cohort will only be exposed to the revised policies. Procedures for selecting the focal child have not yet been determined.

Data Collection and Analysis Time Tables for Each of the States

In this section, we summarize the states= plans for data collection and analysis. Table 6 provides an overview of the data collection and analysis time tables for each of the five states= evaluations.

Dates of Random Assignment.

As shown in Table 6, the first state to begin random assignment was Iowa, in October of 1993. Minnesota and Florida began random assignment in the spring of 1994, and Indiana began random assignment the following year. Connecticut began the random assignment process in the beginning of 1996. Iowa=s random assignment process took place over a three-year period, Florida=s, over a two-year period, and Indiana's, over a four-year period.

Dates for Surveys to be Fielded.

Most of the states have fielded, or have plans to field, more than one wave of core client surveys with the adult sample. The core client surveys, typically telephone surveys, are used to collect data from the adult-outcomes focused samples. In all of the states, the child outcomes sample is a subset of the adult outcomes sample. Thus, longitudinal data will be available for most of the families in the child outcomes sample.

In Connecticut, two core client surveys have already been fielded. The first survey was fielded shortly after random assignment. An 18-month survey which focuses on a subset of families in the evaluation (300 children aged 12-36 months, and 350 school-aged children) has also been fielded. This survey was designed to examine intervening factors in the period between random assignment and the 36-month survey, and focused on both adult (income, job characteristics, and receipt of employment services) and child (child care quality) issues. A third core client survey will be fielded at the same time as the child well-being survey (36 months after random assignment).

Similarly, Florida has also fielded two core client surveys, with plans to field another at the same time as the child well-being survey, three and a half years after random assignment. Indiana also fielded one core survey shortly after random assignment, and will field two additional surveys, one the year before, and one the year after, the child well-being survey. The

child well-being survey will be fielded between two and five years after random assignment.

Iowa fielded its only core survey in the fall of 1998 and spring of 1999. Data collection for the child well-being survey began shortly after the core was fielded (approximately three and five years after random assignment). Minnesota completed its data collection for the project in early 1998. It fielded two core surveys, the first a year after random assignment, and the second three years after random assignment. The child well-being survey was also fielded three years after random assignment.

Dates for Analyses and Production of Final Reports.

Analyses of the child well-being survey data will be completed by the spring of 1999 for the first state in the field, Minnesota, and by October of 2000 for the last state in the field, Indiana. The evaluation firms plan to complete analyses of the child well-being data between two and 10 months after the surveys are out of the field. The first child impact study report will be released in the fall of 1999 (for Minnesota), and the last report will be released in the fall of 2001 (for Connecticut).

Dates for Public Use Data File.

A public use data file will be available for Iowa=s evaluation in the middle of 2000. The other states= evaluators have not yet decided when the data will be available.

Summary of Evaluation Designs

In sum, all of the states except Indiana and Iowa fielded their first core surveys within a year after random assignment. In addition, the child well-being surveys have been or will be fielded between two and five years after random assignment in the five states. Note that for three states, Connecticut, Florida, and Indiana, it is likely that many of the respondents will hit the time limits before the child well-being surveys are fielded. For instance, in Connecticut, which has a 21-month time limit, the child well-being survey is being fielded 36 months after random assignment.

C. Data Collection Procedures for the Child Outcomes Studies

In this section, we describe the data collection procedures that were used or that are proposed for each of the states= evaluations. We focus in particular on the child well-being surveys.

Respondents in Minnesota's child outcomes sample were interviewed in their homes. The interview, which took approximately 80 minutes to administer, was comprised of both the core client survey and the child well-being survey. The child-focused questions accounted for more than half of this time. A portion of the interview was interviewer-administered, and a portion of the interview was completed by respondents using Audio-CASI (Computer-Assisted Self Interview). This technology involved the use of a lap-top computer and headphones so that the respondent could answer sensitive questions (e.g., questions about domestic violence, child behavioral problems, and maternal depression) in private.

In Iowa, the second state to go in the field with the child well-being survey, the child well-being survey is being administered to those families who completed the core interview and who have a child 5 to 12 years old. The 30-minute core interview is being administered via telephone, with field follow-up for difficult to locate cases. The child well-being survey takes approximately 65 minutes to administer. Similar to Minnesota=s survey, the Iowa child well-being survey has interviewer-administered sections and sections containing more sensitive information that can be completed by the respondents using a paper and pencil self-administered questionnaire format.

Manpower Demonstration Research Corporation, Florida's evaluator, is using similar procedures as they used for the Minnesota survey, but is not using Audio CASI. They are using a paper and pencil self-administered questionnaire for those sections of the interview that are more sensitive. For those respondents who have a child between the ages of 5 and 12, both the core and child well-being surveys are conducted in the home. Manpower Demonstration Research Corporation has similar plans for the Connecticut survey. Indiana's evaluator also plans to conduct an in-home interview. None of the states conducting in-home interviews require that the child be present during the interview.

Summary of Data Collection Procedures

All five states are fielding or plan to field their child well-being surveys in the homes of the respondents. The procedures vary mainly in how the core surveys will be administered--either by telephone first for all respondents in both the core and child outcomes samples--or in the homes for the child outcomes samples and by telephone for the adult outcomes samples. Some states are using Audio CASI to administer the more sensitive sections of the questionnaire, whereas others are using the more traditional paper and pencil format.

D. Constructs to be Measured in Child Outcomes Studies and Variations by State

As described earlier in this paper, the common core of constructs was identified by the larger group of representatives from 12 states, the federal government representatives, and the technical assistance team. In December of 1997, representatives from the five operational phase states, the evaluators, the federal government representatives, and the Child Trends technical assistance team met to come to an agreement on how to *measure* the common core of constructs. At the same time, the project participants agreed to remove two constructs from an earlier version of the common core. These lower-priority items included: Ahard job skills" (e.g., computer skills as opposed to promptness which is a "soft job skill") and nonmarital births. In addition, the operational phase group decided to add number of school changes to the stability and turbulence domain. The final common core of constructs appears in Table 7.

States were encouraged to incorporate all of the common core constructs and to use identical measures. As noted below, several departures from the common core and common set of measures occurred. However, in general, there is substantial overlap across the five evaluations and many of the measures and procedures are identical across states. Also, in some

instances, states have included or are planning to include in their surveys additional measures that are not part of the common core.

Overview of the Common Core

Several assumptions have guided state data collection efforts. First, it is expected that states will assess a common core of constructs. As mentioned earlier, although the common core of constructs was chosen by the group of states as part of a deliberative process, the states were not strictly obligated to include all of the core in their surveys. They were also free to substitute administrative data for survey data if the appropriate data were available. A second assumption that was used to identify the core constructs was that states would select a focal child between the ages of 5 and 12. A focus on this age range allows consideration of child outcomes for children who were infants to early school-age at the point when their parents became subject to the waiver policies. The states were also interested in considering outcomes for school-age children, where special services, both in and out of school, may begin to be used for children experiencing difficulties. Third, the project participants decided that some of the constructs selected for the common core should be asked about all children in a family or about older children and teens (i.e., an Aall child module@). For instance, in the fourth column of Table 2, school attendance, school performance, suspensions and expulsions, and accidents and injuries will be asked about all children, regardless of age.

A fourth assumption in selecting the common core of constructs and measures was that states would not be required to field in home surveys and that mixed mode surveys (i.e., telephone surveys with field follow-up) were acceptable, particularly if funding could not be raised for in-home data collection. However, the constructs which appear in italics in Table 2 are those that are more appropriately used in an in-home survey. For example, it would be very difficult, if not impossible, to collect retrospective child care data using a calendar format over the telephone. Also, privacy concerns make the domestic violence questions inappropriate for telephone use in some situations. We do note that all of the measures that can be administered by telephone are also appropriate for in-home administration.

Variations in the Selection of the Core Constructs and in Measurement of the Common Core

Four of the states, Minnesota, Iowa, and Florida, have already fielded or are in the process of fielding their child well-being surveys and core client surveys. A fourth state, Connecticut, is going into the field in the spring of 1999 with its child well-being and core surveys. In Table 8, we summarize how each of the three states with completed surveys is measuring the common core of constructs. The telephone symbol indicates that a particular question will be asked in the telephone, core survey. A house symbol indicates that a question will be asked in the in-home survey. As Connecticut=s and Indiana=s surveys have not yet been finalized, we provide a description of their plans for measuring the common core later in this section.

As shown in Table 8, there are several variations in how the core is being measured in the three states= surveys, with most of the differences being found in the Minnesota survey. This is

mainly due to the fact that Minnesota was first in the field with its survey, several months before the discussion about how to measure the common core took place.

The Minnesota survey is not measuring total household income, nor is the Minnesota survey measuring awareness of Medicaid, stability in child care, and school attendance. The Minnesota survey also does not include the full Home Observation for Measurement of the Environment-Short Form (HOME-SF), which measures the amount of emotional support and cognitive stimulation provided to children by their parents. Rather, it includes a selected set of items from the HOME-SF as well as some additional cognitive stimulation items that are not part of the HOME-SF. The Iowa survey includes the entire HOME-SF, and Florida is proposing to follow suit.[7]

The three states= surveys also vary in how in-depth some of the constructs are measured. For instance, the Iowa survey asks more detailed questions about education and professional licenses than the Minnesota survey. The Minnesota survey chose to include the entire Positive Behaviors scale, whereas the Iowa and Florida surveys are only including the 7-item social competence subscale.

There are also some variations in wording and in the time frame that is used. The Minnesota and Florida surveys ask if a respondent is currently "working for pay", whereas the Iowa survey asks about "formal employment". The Iowa survey asks how much is spent in a typical week on child care, whereas the Florida survey is proposing to ask how much was spent on child care in the past month.

Connecticut=s 36-month survey is not yet available for review. Because Connecticut, Florida, and Minnesota share the same evaluator, however, it is likely that the survey will closely resemble those fielded in Minnesota and Florida.

Indiana is planning an in-home child impacts survey. Indiana is also planning three core client surveys; wave 1 is already completed, wave 2 will be fielded in 1999, and wave 3 will be fielded in 2001, *after* the child well-being survey (which will be fielded in 2000). Because these waves permit the collection of longitudinal data, Indiana=s evaluator, Abt Associates, will develop a child well-being survey that incorporates the common core of measures agreed upon by the Project on State-Level Child Outcomes, while at the same time allowing comparability between the child well-being survey and waves 1, 2, and 3 of the Indiana survey.

Additional Constructs Included in the Evaluations

Minnesota has included several additional constructs in its survey that are not part of the common core. For example, there are several questions about the client=s knowledge of various

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[7] Because the child is not required to be present for the interview, however, the interviewer rating component of the HOME-SF will not be completed for all respondents.

credits available to low-income families such as the Earned Income Tax Credit. The Minnesota survey also includes detailed questions about the client=s participation in various educational and job training activities such as job club, and on-the-job training. The survey also includes some questions about difficulties that a respondent might have in working because of problems with child care. With regard to child outcomes measures, Minnesota has included more questions about receipt of special services, educational aspirations, use of illicit substances, and participation in clubs or organizations.

Similar to Minnesota, Iowa has added questions on knowledge/use of EITC, as well as questions on housing and neighborhoods, and personal and community support networks. Iowa has also proposed to link two administrative files to the impact evaluation data in order to obtain information about child welfare outcomes. These two data sets include the Family and Children Services System, which provides information about use of family preservation and child protective services, and the Child Abuse Registry, which provides data on substantiated reports of child abuse or neglect. Funding is not available to link these data sets yet.

Florida is receiving funding to field a teacher survey. In addition, Florida proposed to conduct both an observational study of child care centers and a child care provider survey. The provider survey would be self-administered and would attempt to capture aspects of child care on which parents are not adequate reporters, including education and training of the provider, staff turnover rates, caregiver salaries, licensing, ages of other children in the setting and percentage receiving subsidies, and hours of availability. Additional information about the quality of care provided in the setting will be gathered in the observational component of the study using standard instruments (e.g., the Early Childhood Environment Rating Scale) and will be designed in consultation with experts in the fields of child development and child care.

Indiana is proposing to go beyond the common core by adding to its child well-being survey more measures of child care utilization patterns, the nature of and satisfaction with child care arrangements, and characteristics of the child care provider. In addition, Indiana has proposed to conduct a child care sub-study in which administrative data, additional data from the child well-being survey, and a survey of child care providers would be used to examine how welfare reform is changing child care for welfare recipients. Funding is still needed to conduct this sub-study.

E. How Can Findings Across the Five Evaluations Be Integrated?

Overview of Key Dimensions Along Which Variations Can Be Arrayed

In this section, we discuss how findings across the five state evaluations can be synthesized and integrated. We have identified the following key dimensions along which variations in the states= evaluations can be arrayed:

1) waiver policies
2) characteristics of the samples

3) timing of the evaluations
4) measurement strategies, and
5) treatment fidelity.

Implications of Variations Across the States in Waiver Policies

The states= waiver policies combine a range of provisions aimed at increasing personal responsibility and employment among welfare recipients (see Tables 3 and 4 for an outline of the waiver policies). As noted, many of the policies employed in the demonstration programs were precursors to the 1996 federal welfare legislation, and a number of states expanded their demonstrations to become statewide programs under PRWORA.

When integrating findings across the five states, it will be important to identify key variations in waiver policies and to make predictions about how these variations might affect child well-being. Variations at two levels should be considered. First, what differences exist across states in *specific* policies? For example, what are the variations in time limits across the states? States may differ not only in the length of their time limits but also in the degree to which they have enforced time limits with sanctions or offered extensions once recipients reached the time limits.

Second, what differences exist across states in the overall "*package*" of policies they implemented in their waiver demonstrations? At this level, the cumulative effect of policy provisions is considered. For example, were provisions requiring rapid entry into the labor force balanced with supportive services for welfare recipients or income disregards? Because most of the states did not conduct planned variation evaluations (whereby the experimental groups received substantially different treatment packages), impact analyses can only provide information about the effects of the policy package and not about the impact of specific policies.[8] Therefore, even though it will be important to understand variations in specific policy provisions (as described above) when trying to interpret findings, the designs of the evaluations do not allow for analysis at the micro level.

Understanding how the package of state policies affected child well-being can be enhanced with implementation analyses describing the ethos of the welfare offices and how policy provisions were actually translated to welfare recipients by caseworkers. Qualitative data outlining how policies were presented to welfare recipients and how recipients interpreted the policies will be important for understanding cumulative differences in effects across the states and perhaps, across regions/communities within states. (See the following sections, Analytic Considerations and Proposed Analytic Strategies, for more technical details about analyses of variations across states).

[8] Minnesota's testing of the "full MFIP treatment" and the "partial MFIP treatment" does constitute a planned variation experiment.

Implications of Variations in Sample Characteristics

The samples for the states= evaluations vary along two key dimensions: demographic characteristics of the samples and focal child selection criteria. Three states: Iowa, Florida, and Connecticut have employed or propose to employ similar procedures for selecting the focal child (as described above). The most important feature of these selection criteria is the decision not to substitute another child in the family (i.e., one who was in the household at the time of random assignment and who was within the specified age range) for a focal child who is currently out of the household and has minimal contact with the adult respondent in the family. In contrast, Minnesota=s sample of focal children contains substitutions for focal children who were out of the household at the time of the child impacts survey. This substitution procedure may introduce an upward bias in the data since children with behavioral or emotional problems may be more likely to be out of the household (and thus will not be included in the sample). Thus, project participants agreed at a meeting held in January 1999 that these substitute cases should be dropped from analyses that attempt to compare across the sites.

Indiana=s focal child sample may be different from the other four states because it may contain multiple children from the same family. While the other states randomly choose one focal child from each household, Indiana may collect data on each child in the household who is in the 5-12 age range. To keep samples comparable, one child could be randomly chosen as the focal child as was done in the other states.

Across four of the states, Connecticut, Florida, Minnesota, and Indiana, the samples for the core evaluations are fairly comparable in their representation of racial groups, with approximately 40-60% white participants, and 40-60% black and Hispanic recipients (see Table 5; note that information on the demographic composition of the child impacts samples are not available for all of the states). In contrast, 80% of Iowa=s sample is white. Iowa is also including male case-heads, both single and married, in their sample. At a meeting of the project participants in January 1999, everyone agreed to restrict their analysis samples to single female-headed families.

Implications of Differences in the Timing of the Evaluations

There are several implications of differences in the timing of the states= evaluations for the integration and synthesis of the findings. These differences include: the amount of time between random assignment and the fielding of the child well-being survey and, consequently, the age of the children in the child impacts sample at the time of random assignment.

The five states vary in the amount of time between random assignment and the measurement of child outcomes. Families will also differ across the five states in the amount of Aexposure@ to the treatment group policies at the time that child outcomes are measured. For instance, in Indiana, some families will have only been exposed to the treatment group policies for two years, whereas families in other states will have been exposed to these policies for longer periods of time. It is possible that impacts on child outcomes will vary depending on the amount of time that a family was exposed to the treatment group policies.

In those states with shorter time limits (Connecticut, Florida, and Indiana), many of the families will have reached the time limits before the child well-being survey is fielded.[9] For instance, in Florida, the fielding of the child well-being survey is planned for 42 months after random assignment, whereas the time limits are 24 months. Outcomes for children will likely be quite different for families that experience a reduction in family income due to hitting the time limits, as compared to families that achieve self-sufficiency before reaching the time limit.

Implications of Measurement Strategies: Measures and Procedures Used in Common Across States

While there are variations in the measurement of the common core, we anticipate that the implications of these variations on the ability to synthesize and integrate the results of the five states= evaluations will be minimal. For those states that have already designed and/or fielded their child well-being surveys, steps have been taken by the technical assistance team to ensure comparability of measures across the surveys. The questionnaires were reviewed and evaluated whenever modifications were made. In addition, a member of the technical assistance team attended the interviewer training sessions in Iowa and Florida. Although the evaluators were not required to adopt all of the technical assistance team=s recommendations or even to adopt the complete common core, they have willingly done so. We anticipate that the two states that have yet to field their surveys will be similarly interested in facilitating cross-state comparability.

Implications of Variations in Treatment Fidelity

A final concern to consider when comparing the states= evaluations is the degree to which the control groups and the experimental groups have remained distinct throughout the evaluation. All states experienced challenges in informing participants about program rules as new programs were initiated in response to PRWORA. Thus, qualitative analyses examining the procedures used by caseworkers to maintain distinct treatment groups will be valuable resources for determining the Apurity@ of the evaluation.

Indiana has taken several steps to strengthen its evaluation. One difficulty that they were experiencing is that caseworkers in the entire state needed to be trained in both the new (i.e., TANF/waivers) and old (AFDC) policies. Beginning in January, 1998, random assignment was limited to 12 counties. Each office now has a designated Acontrol group@ caseworker who is very familiar with the AFDC policies.

In Minnesota, the MFIP and control groups were maintained, while the remainder of the state=s case load was subjected to the new TANF policies. Minnesota used its automated support system, MAXIS, in order to ensure that MFIP and control cases were treated under the appropriate rules. Codes were added to all MFIP and control cases in order to identify their research group status. This ensured that only MFIP cases received MFIP benefits, and control group cases were treated under the control group rules rather than under the TANF rules.

[9] Iowa and Minnesota adopted 5-year time limits after the passage of PRWORA.

Minnesota also worked with the counties to develop procedures so that MFIP and control group members would receive the appropriate services. Specific caseworkers were assigned to work with the control group to ensure that MFIP cases were separate from other families receiving cash assistance. Letters were also mailed to MFIP and control respondents reminding them of the rules that apply to their case, and also to inform them that they were not subject to time limits.

With regard to Iowa=s evaluation, Mathematica Policy Research reported that the random assignment process was implemented with a high degree of integrity. However, Iowa chose to implement welfare reform policies statewide in March 1997, thus exposing about 25% of the control group to the new policies. Mathematica Policy Research will be able to use administrative data to determine when and to what extent control group respondents were exposed to the control policies (e.g., the length of time they remained on AFDC after being randomly assigned), and the timing and extent to which the respondents were exposed to welfare reform policies (e.g., the timing of their enrollment in FIP). Mathematica Policy Research plans to do experimental-control group comparisons for constructs measured before the change in policies (i.e., before March 1997), and to conduct subgroup comparisons after March 1997. Thus, they will analyze separately outcomes measured before 1997 and those outcomes measured after 1997.

As described above, Florida=s evaluation of FTP is continuing in one site (Escambia county). In that site, three welfare programs (AFDC, FTP, and WAGES) are operating simultaneously. A number of measures have been taken to ensure the integrity of the program and control groups. Separate staff have been designated to work with each group: one group works exclusively with WAGES participants (not part of the evaluation) and, within the FTP unit, separate staff work with the program and control groups. Case files are color-coded to indicate research status, and staff are periodically trained on rules and procedures for the control group. In addition, letters were mailed to the control group when WAGES was implemented to update them about their status (i.e., subject to AFDC rules and procedures).

In Connecticut, AFDC eligibility rules have been maintained on the statewide automated system to ensure that errors are minimized when calculating eligibility for the control group. Clerical staff contacted control group members by phone and through mailings to clarify and reinforce the message that the control group is not subject to the time limit or eligible for the earnings disregard.

F. Analytic Considerations

Each of the five states employed an experimental design in the evaluation of the impact of their waiver policies on families and children. Because it entails *randomly assigning* enrollees to either an experimental or a control group, experimental designs ensure that research groups are equivalent, on average, at the outset of the evaluation, eliminating most threats to internal

validity (Cook and Campbell, 1979). "Internal validity" refers to the ability to rule out alternative explanations for the correlation between two variables (such as experimental group and employment) in an effort to establish *causality*. Most researchers would agree that "internal validity is the *sine qua non* of meaningful research" (Pedhauzer and Schmelkin, 1991, p. 224). Experimental designs afford researchers the ability to draw causal conclusions about the effectiveness of a treatment. (Indeed, many scholars argue that causal statements can only be made regarding phenomena studied in an experimental context.) Thus (assuming no systematic attrition of experimental and control group members or other threats to internal validity), we can be confident that any statistically significant differences in measures of child well-being between the experimental and control groups in a given site can be attributed to the states' waiver provisions. Clearly, then, evaluators should capitalize on the experimental design and conduct such experimental analyses.

In considering ways in which the experimental impacts from five state-level experimental evaluations can be synthesized, a question remains as to:

- whether to *pool samples* from all five states' evaluations before conducting experimental analyses or, if not,
- *how to compare* the five sets of experimental impact findings emerging from site-specific experimental analyses.

Pooling Samples Across Sites versus Site-Specific Analyses

Technically speaking, because random assignment was conducted within site -- with all the attendant state differences in the policies to which the experimental groups were subject (as planned and as implemented); sample composition; timing of evaluations' measurement; and treatment fidelity -- pooling all experimental group members and pooling all control group members eliminates the experimental design and renders impact analyses invalid. For example, given the goal of being able to generalize from the study sample to the population from which it was drawn (i.e., *external validity*), which requires representative (that is, probability) sampling, of whom is the pooled sample representative? Pooling samples and conducting experimental analyses may yield findings with questionable external validity.

In addition, pooling samples across sites would limit researchers to a uniform definition of constructs, which assumes no appreciable differences across sites in the *meaning* of the construct (due to, for instance, different norms across sites). For example, suppose that in one site, depression is cause for embarrassment and shame, and respondents are pressured by social desirability to underestimate their depressive symptoms on an inventory, whereas another site has an active mental health advocacy group that has successfully reduced the stigma of depression, allowing respondents to fill out a depression inventory more honestly (or even to over-report depressive symptoms). While we could measure depression in the same way in each site, a low score in the underreported state may be as predictive as a high score in the second state, yet the same score in each state may not, when *pooled*, be predictive of theoretically important outcomes to the extent scores essentially measure different things. Thus, pooling samples and conducting

experimental analyses may yield findings with questionable internal validity.

By contrast, conducting site-specific analyses preserves the experimental design and yields the most internally valid results. In addition, to the extent the evaluation sample *in each site* is representative of the population of welfare applicants and recipients from which it was drawn, then site-specific findings have *external validity*, in that the site-specific experimental analyses will indicate the likely effectiveness of the given waiver policies if *all* welfare recipients in that site were subject to these policies.

Because of the importance of being able to generalize from the research sample to the population of interest, external validity may be the *sine qua non* of policy research. There are two main threats to the external validity of child impact findings in these waiver evaluations. The first relates to selective attrition -- the bane of any longitudinal study. Given that the common core of child outcomes will be collected about 36 months after random assignment (with some variation across sites; see Table 6), it is likely that some attrition will occur. If this attrition is random -- that is, not systematically related to treatment group or to sample characteristics in an important way -- then the three-year impacts will still be representative of the impacts that would have emerged for the full sample. If, however, attrition is systematic, then external validity is threatened and, consequently, three-year impacts must be interpreted cautiously. For example, if the most disadvantaged families were least likely to be interviewed at the follow-up, then the three-year impacts pertain to a less disadvantaged sample and cannot be generalized to what might happen in more disadvantaged families.

The second threat to external validity of the child impact findings is also very likely, but will probably have less dire consequences. By defining as a sampling frame those families who have applied for or are receiving welfare (and assuming representative sampling), evaluators are able to generalize the findings for this sample to the population of welfare applicants and recipients. Note that this does not include families who *qualify* for assistance (who would be subject to welfare policies if they applied for assistance) but who do not apply for welfare. Thus, we cannot assume that the impacts of the waiver policies emerging from these experimental evaluations would hold among families who, while qualifying for welfare, never show up at the welfare office. However, there is the sense that (until recently) this "self-diversion" phenomenon is rather small and is more a reflection of not *needing* the assistance rather than a *rejection* of the requirements accompanying the financial assistance.[10] Thus, although the waiver provisions being evaluated do not, in some instances, match exactly with states' provisions under TANF, the timing of the waiver evaluations was actually beneficial with respect to this self-diversion phenomenon.

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[10] The same cannot be said regarding findings from experimental designs of the impact of PRWORA policies. Emerging research suggests that the relatively comprehensive media coverage of pending, historical changes in AFDC policy -- including a five-year lifetime limit on benefits and the requirement that applicants and recipients secure employment within two years -- magnified this self-diversion phenomenon. Indeed, such self-diversion may be one of the early effects of the recent changes in welfare policy -- an effect of the new law that would not be captured by experimental designs with random assignment at the welfare office.

Despite remaining problems, site-specific experimental analyses will still yield more internally valid results that may generalize to the population of welfare applicants and recipients *in each site* than will experimental analyses using pooled samples. Indeed, Cook and Campbell (1979) assert that ". . .external validity is enhanced more by a number of smaller studies with haphazard samples than by a single study with initially representative samples, if the latter could be implemented" (p.73). Fortunately, the five states' evaluations do not involve "haphazard" samples but, rather, representative samples. Moreover, attrition will be closely monitored, and the degree to which systematic attrition is, indeed, a problem can be assessed in each site by examining differences in baseline characteristics of those who did and did not participate in the three-year follow-up.

Comparing Findings Across Sites

To compare findings across the five states' evaluations first requires identifying a "common core" of policy questions to be addressed in each state's evaluation, for example, *Did program mothers (who were subject to a "family cap" under waiver policies) have fewer subsequent births than control group mothers?* In addition, this requires outlining a common analytic strategy for addressing these questions. As a first step, it was critical for each of the five states to include in their experimental evaluations a common core of constructs aimed at assessing the impact of waiver policies on children and families. As described in this report, this was accomplished by the 12 states during the planning phase of the Project on State-Level Child Outcomes. The next step involves selecting specific measures for each construct, which has already begun in the operational phase. In order for results to be precisely comparable, variables must be defined in the same way across sites. Fortunately, as noted above, the five operational states have agreed in most instances to use the same set of measures for these core constructs.

Using identical measures maximizes the external validity, or the degree to which the findings can be generalized. Defining variables identically is relatively straightforward for *objective* measures, such as "any employment since random assignment" or "child removed from the home due to substantiated child abuse or neglect." Defining variables identically is less straightforward for *subjective* measures, such as "maternal depression" and "maternal warmth". In some cases, there are standardized scales with well-established psychometric properties facilitating the interpretation of a scale score. For example, a summary score of 16 or more on the 20-item Center for Epidemiological Studies-Depression (CES-D) scale has been shown to be predictive of clinical depression (Devins and Orme, 1985). More often, however, the substantive meaning and, thus, importance of scores on a subjective measure -- such as "maternal warmth," rated on a 0-10 scale – are less obvious. For such variables, it will be especially important to conduct sufficient psychometric analyses to ascertain the most construct-valid definitions of these subjective variables whose meanings could conceivably differ across sites.

For both objective and subjective measures, analytic issues remain when there are too few cases with the characteristic or experiencing the event of interest -- such as child abuse or

neglect, or defining a subgroup of "high-risk" families -- to conduct reliable statistical analyses. Despite these limitations, however, policy makers are extremely interested in understanding the impact of welfare policies on these relatively rare events or circumstances. In these cases, pragmatic considerations, such as sample size, must be taken into account when defining variables and conducting analyses. Thus, there may be some tradeoffs between the "ideal," most psychometrically-sound definition of a variable and the best possible definition given practical limitations. Problems may arise when the pragmatic considerations of *one* site constrain the definition of a variable intended to be defined identically *across* sites. Most troublesome would be the case in which practical accommodations necessary to ensure enough cases for statistical analyses in one site invalidates the substantive meaning of this variable in another site. Consequently, care must be taken when defining variables identically across sites. In addition, researchers must be open to alternative analytic strategies appropriate for assessing welfare policies' impacts on rare events (such as child abuse) or for specific subgroups (e.g., "higher-risk" families).

The question remains: How, then, should findings from five separate waiver evaluations be synthesized and integrated? Meta-analysis is an analytic method that compares, *statistically*, program impacts from various studies. Because each study is one "observation" in a meta-analysis, one needs a sufficient number of studies (just as one needs a sufficient number of observations, or subjects, in any *given* study) in order to conduct meta-analyses. Unfortunately, with only five states examining the impacts of state waiver policies on children, it will not be possible to use meta-analyses in synthesizing these studies' findings.[11]

In the end, findings regarding the impacts of these five states' waiver policies will probably need to be synthesized *non-statistically*, with an eye toward the contextual characteristics (such as local economic conditions, demographics of the population, as well as variations in the five states' waiver policies) that may have a bearing on the impacts found. For example, favorable impacts on children in a site with worsening economic conditions or with a particularly disadvantaged population may be heartening; in contrast, unfavorable -- even if small -- impacts in the context of favorable economic conditions might be cause for alarm. Additionally, information on the *implementation* of the waiver policies -- including average caseloads, case managers' views of their role, and overall program "ethos" with respect to the relative emphasis on "carrots" (e.g., income disregards) versus "sticks" (e.g., sanctioning) -- is invaluable for beginning to understand how various welfare policies may affect families and children.[12] In sum, the five states' enhanced waiver evaluations will yield critical information on

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[11] However, it may be possible (and indeed, likely) that, in the near future, there will be sufficient numbers of studies that examine the effect of various forms of welfare reform on children to conduct such meta-analyses. For instance, findings from the Child Outcomes Study of the National Evaluation of Welfare-to-Work Strategies (NEWWS) will soon be released (McGroder, Zaslow, Moore, and LeMenestrel, forthcoming). This substudy examines the impact of welfare-to-work programs implemented under the JOBS Program (authorized in the Family Support Act of 1988) and is the first study to examine implications of mandatory welfare-to-work programs on children and families.

[12] Ideally, studies of welfare reform should include an ethnographic component in order to assess how those affected

the implications of a set of welfare policies for child and family well-being, which can be thoughtfully compared and contrasted with regard to the type and magnitude of impacts found. Where impacts are found, it may also be useful to conduct comparable mediational analyses to explore whether similar or different underlying processes explain the impacts.

Summary: What Can the Project on State-Level Child Outcomes Contribute to the Understanding of Welfare Reform and Child Development

The Project on State-Level Child Outcomes is a truly unique study. It goes beyond many studies of welfare reform which examine the impacts of policies on employment and income by adding a component that will help federal and state policymakers and researchers understand the impact of welfare policies on child well-being. The Project will allow a comparison of various policy packages which anticipated provisions in the national welfare legislation of 1996, and it will permit an examination of the various processes mediating the impact of welfare policies on children. These comparisons will be carried out using a set of common measures that were agreed upon through cooperative discussions between researchers and state welfare administrators.

The Project on State-Level Child Outcomes falls temporally between two sets of studies examining welfare-to-work programs and their implications for adults and children. The first set of studies were evaluation studies [the New Chance Demonstration; the Teen Parent Demonstration (TPD); and the Child Outcomes Study of the National Evaluation of Welfare-to-Work Strategies (NEWWS)] which focused on how programs or packages of services offered to welfare recipients (all single mothers and, in two of the demonstrations, New Chance and TPD, teenagers) affected child outcomes (See Zaslow, Tout, Smith, & Moore, 1998, for a comprehensive synthesis of these evaluations and an analysis of their implications for child outcomes and research in the new policy context). In general, these programs included opportunities for participants to receive basic education and job skills training, and in New Chance, for participants to receive parenting and life skills training along with other services.

The second generation of research on welfare policy and children is the set of child outcome studies initiated in response to passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (see database developed by the Research Forum on Children, Families and the New Federalism, www.researchforum.org, or Zaslow et al., 1998, for details about these studies). PRWORA represented an important shift in welfare policy from the policies that set the context for the first set of studies. The legislation replaced the Aid to Families with Dependent Children (AFDC) entitlement program with the TANF block grant to states and emphasizes state decision-making, time-limited welfare receipt, rapid entry of welfare

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by welfare-to-work policies perceive these policies -- whether they see the program as an opportunity for improving their lives, or whether they question the program's ability to help them in a meaningful way. However such an ethnographic approach is not a core component of the current waiver evaluations.

recipients into the labor force, strict eligibility guidelines for benefits, and personal responsibility for childbearing and child support.

The Project on State-Level Child Outcomes will evaluate the set of reforms (i.e., waiver policies) that bridged the two generations of welfare policies described above. Many of the provisions that were eventually incorporated into the new legislation (e.g., time limits, work requirements) will be examined in the waiver evaluations and will allow early insights into the range of possible outcomes under PRWORA.

Despite the significant changes in the policy contexts framing the research, interpretation of the findings in the Project on State-Level Child Outcomes can be informed by examining the set of evaluation studies from the previous policy context. Results from these earlier studies provide a general framework for making predictions about the implications of welfare policies for child outcomes. Drawing from the work of Zaslow and colleagues (1998), the principal elements of this framework are as follows:

- Welfare policies affect key dimensions of family life that are important for children. These dimensions include family economic self-sufficiency, parental mental health and parenting.
- The effects of welfare programs on families may range from negative to neutral to positive. Child outcomes reflect the cumulative impact of these varied effects.
- Effects vary according to policy/program characteristics and the characteristics of the families who are served. Differential impacts on subgroups (e.g., younger vs. older recipients; work experience vs. little/no work experience; social support vs. little/no social support) are expected.

Keeping in mind this framework and the other issues raised in this paper when integrating results across the five states, the Project on State-Level Child Outcomes promises to provide new information about critical welfare policy issues and the role of welfare programs in family and child well-being. Results will not only describe how families and children are faring in response to welfare reforms but will give insights into the intervening mechanisms that are important for mediating the effects of welfare policies on child outcomes.

References[13] and Resources

Child Trends, Inc. (January, 1997). *Building common definitions and moving toward common constructs. Meeting summary of the First National Meeting of the Planning Phase of the Project on State-Level Child Outcomes.* Child Trends, Inc., Washington, DC.

Child Trends, Inc. (April, 1997). *From constructs to measures: Finalizing the common core. Meeting summary of the Second National Meeting of the Planning Phase of the Project on State-Level Child Outcomes.* Child Trends, Inc., Washington, DC.

Child Trends, Inc. (January, 1998). *Implementing the common core of constructs: Measurement and interviewer training. Meeting summary of the First Meeting of the Operational Phase of the Project on State-Level Child Outcomes.* Child Trends, Inc., Washington, DC.

Cook, T.D. and Campbell, D.T. (1979). *Quasi-experimentation: Design and analysis issues for field settings.* Boston: Houghton Mifflin Company.

Devins, G. M. & Orme, C. M. (1985). Center for epidemiological studies depression scale. In D. J. Keyser & R. C. Sweetland (Eds.), *Test critiques* (pp. 144-160). Kansas City, MO: Test Corporation of America.

Gallagher, L. J., Gallagher, M., Perese, K., Schreiber, S., & Watson, K. (1998). *One year after federal welfare reform: A description of state Temporary Assistance for Needy Families (TANF) decisions as of October 1997.* Washington DC: The Urban Institute.

Kisker, E. E., Rangarajan, A., & Boller, K. (1998). *Moving into adulthood: Were the impacts of mandatory programs for welfare-dependent teenage parents sustained after the program ended?* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

McGroder, S.M., Zaslow, M.J., Moore, K.A., and Le Menestrel, S.M. (forthcoming). *The National Evaluation of Welfare to Work Strategies: Impacts on Children and Families Two Years After Enrollment: Findings from the Child Outcomes Study.* Washington, D.C.: U.S. Department of Health and Human Services.

Miller, C., Knox, V., Auspos, P., Hunter-Manns, J. A., & Orenstein, A. (October, 1997). *Making welfare work and work pay: Implementation and 18-month impacts of the Minnesota Family Investment Program.* Manpower Demonstration Research Corporation.

[13] Information about project design and survey strategies was gathered from the proposals states submitted to the Department of Health and Human Services

Moore, K. A., Zaslow, M. J., Coiro, M. J., Miller, S. M., & Magenheim, E. B. (1995). *How well are they faring? AFDC families with preschool-aged children at the outset of the JOBS evaluation.* Washington, DC: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

National Governor=s Association. (November, 1997). *Summary of selected elements of state plans for Temporary Assistance for Needy Families as of November 20, 1997.* Washington DC: National Governor=s Association.

Pedhauzer, E.J. & Schmelkin, L.P. (1991). *Measurement, design and analysis: An integrated approach.* Hillsdale, NJ: L. Erlbaum and Associates.

Quint, J., Bos, H., & Polit, D. (1997). *New Chance: Final report on a comprehensive program for young mothers in poverty and their children.* New York: Manpower Demonstration Research Corporation.

Zaslow, M. J., Moore, K. A., Coiro, M. J., & Morrison, D. R. (December, 1994). *Programs to enhance the self-sufficiency of welfare families: Working towards a model of effects on young children.* Paper presented at the Workshop on Welfare and Child Development, sponsored by the National Academy of Sciences, Washington, DC.

Zaslow, M. J., Moore, K. A., Coiro, M. J., & Morrison, D. R. (1995*). The Family Support Act and children: Potential pathways of influence.* Children and Youth Services Review, 17, 231-249.

Zaslow, M. J., Tout, K., Botsko, C., & Moore, K. A. (June, 1998*). Welfare reform and children: Potential implications.* In New Federalism: Issues and Options for States (Series A, No. A-23). Washington, DC: Urban Institute.

Table 1: Data Collection Strategies for State Evaluations

DATA COLLECTION OPTION	COST	RICHNESS OF CHILD DATA	BREADTH OF CHILD DATA
Administrative Records	Low-High	Low-High	Low-High
Telephone Surveys	Low	Medium	Medium
Teacher Surveys	Low	Medium	Medium
Self-Administered Questionnaires	Low	Medium	High
In-Home Surveys	Medium	High	High
Direct Child Assessments	Medium	High	Low
In-Home Observational Studies	High	High	Medium

Table 2: Core Constructs for the Project on State-Level Child Outcomes (4/8/97)

TARGET OF WELFARE POLICIES	OTHER VARIABLES LIKELY TO BE AFFECTED BY STATE POLICIES	ASPECT OF CHILD=S ENVIRONMENT LIKELY TO BE AFFECTED BY PREVIOUS COLUMNS	CHILD OUTCOMES
INCOME: Total income Sources of Income (mother=s earnings, father=s earnings, child support, AFDC, food stamps, SSI, Foster Care/Adoption) Stability of Income Financial Strain/Material hardship **EMPLOYMENT:** Any vs. None Health benefits through employment Wages (hourly) Hours of employment Stability of employment Education/Licenses Job Skills (Hard) Multiple jobs concurrently *Barriers to Employment (harassment, violence)* **FAMILY FORMATION:** Nonmarital birth/Marital birth Child/Family living arrangements Marital Status, whether married to biological or non-biological father	**PSYCHOLOGICAL WELL-BEING:** Depression **STABILITY AND TURBULENCE:** Foster care Stability in child care Stability in income # of moves of residence Change in marital status or cohabitation Why child not living with family **ABSENT PARENT INVOLVEMENT:** Whether child support provided Paternity establishment Frequency of contact with child **USE OF HEALTH & HUMAN SERVICES:** Food stamps Medicaid (awareness, use, eligibility) Child care subsidy (awareness, use, eligibility) Access to medical care **CONSUMPTION:** % of income spent on child care and rent	**CHILD CARE:** Type Extent Quality (group size, ratio, licensing, parent perception) Stability *Child Care Calendar for last several years* **HOME ENVIRONMENT AND PARENTING PRACTICES:** Child Abuse/neglect (Admin. Data) Domestic Violence/Abusive Relationships Family Routines Aggravation/stress in parenting *HOME (Emotional Support and Cognitive Stimulation Scales)*	**EDUCATION:** Engagement in school (ages 6-12) School attendance (All Child) School Performance (All Child) Suspended/expelled (All Child) Grades (ages 6-12) **HEALTH AND SAFETY:** Hunger/nutrition (ages 5-12) Rating of child=s health (ages 5-12) Regular source of care (ages 5-12) Teen Childbearing (ages 14-17) (All Child) Accidents and injuries (All Child) **SOCIAL & EMOTIONAL ADJUSTMENT:** Behavior problems Index (ages 5-12) Arrests (All Child) Positive Behaviors/Social Competence Scale (ages 5-12)

Constructs in italics = In Home Survey
All child = All Child Module

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Table 3: Personal Responsibility Waiver Provisions

Provision	Connecticut	Florida	Iowa	Indiana	Minnesota
Time Limits for Cash Assistance	21 months; 6 month extension	24 months out of 60 months or 36 months out of 72 if at risk; two 4 month extensions	no, determined individually with case-workers	24 months, 1-2 month extensions	no
Family Cap	yes	no	no	yes	no
More Stringent Sanction Rules (compared to those allowed under AFDC)	yes	yes	yes	yes	yes
Teen School Attendance and Performance Requirements/ Incentives	no	yes	no	yes	yes
Minor Parent Residential Requirement	yes	no	yes	yes	yes
Immunization and Health Screening Requirements	no	yes	no	yes	no

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Table 4: Employment Related Waiver Provisions

Provision	Connecticut	Florida	Iowa	Indiana	Minnesota
Work Requirements	yes	yes	yes	yes	yes
Extended Job Search requirements	yes	no	no	no	yes
Teens Exempt from JOBS	yes	no	no	yes	yes
Extend Transitional Child Care (TCC) Past 12 Months and/or Expand Eligibility for TCC	yes-extension[14]	yes-extension to 24 months	yes-extension to 24 months	no-extension; yes-expansion[15]	no-extension; yes-expansion[16]
Extend Transitional Medicaid Past 12 Months and/or Expand Eligibility	yes extension to 24 months	no	no	no	no
Modify Earned Income Disregard	yes	yes	yes	yes[17]	yes
Increase Resource Limits Beyond $1,000	yes	yes	yes	yes	yes
Disregard Income in "Special" Accounts	yes	no	yes	no	no
Increase Vehicle Asset Limit Beyond $1,500	no	yes	yes	no	yes

[14] As long as family remains under 75% of state median income

[15] for families at 133% of poverty

[16] for families terminated due to increased income

[17] Indiana does not have a true income disregard. However, services are provided until a family's income meets or exceeds 100% of poverty.

Table 5: Overview of Sample Characteristics in the Five States

	Connecticut	Florida	Iowa	Indiana	Minnesota
Characteristics of Larger Evaluation					
Location	New Haven and Manchester	Escambia county	9 counties	All 92 counties in the state	7 counties: 3 urban and 4 rural
Sample Size	6,127 (5,740 single parents)	5,430 (4,808 single parents)	7,500[18] 9,320[19]	70,000[20]	14,639[21]
Demographic Characteristics					
Race/ethnicity	36.5% White[22] 40.2% Black 22.5% Hispanic	47.8% White 49.4% Black	78% white (ongoing sample) 82% white (applicant sample)	58.7% white	49% white (long term recipients) 56% white (short term recipients) 61% white (applicants)
Age of Parents	Not available	Not available	29 years (average age in ongoing	< 25 (38.4%) 25-35 (44.2%)	30 years (average age of long term

[18] This is the sample size for the "ongoing" Family Investment Program research sample drawn from existing AFDC cases just prior to October, 1993.

[19] This is the sample size for the "applicant" Family Investment Program research sample drawn from new applicants between October 1993 and March 1996. The core survey will be given to 3000 families randomly selected from the full research sample and will include 2 parent, single mother, and single father families.

[20] There are expected to be 1500 complete interviews of a representative subsample of the full evaluation sample that will be interviewed at wave 2 (1999) and wave 3 (2000). The characteristics presented here are population characteristics. Administrative data will be drawn for a subsample of 20,000 cases.

[21] Demographic characteristics are from a report by Miller, C., Knox, V., Auspos, P., Hunter-Manns, J., & Orenstein, A. (1997). Making welfare work and work pay: Implementation and 18 month impacts of the Minnesota Family Investment Program. New York: Manpower Demonstration Research Corporation. They are presented for a subsample of 7,448 single- and two-parent families who were randomly assigned into the evaluation between April 1994 and December 1994. (The full evaluation sample was randomly assigned between April 1994 and March 1996).

[22] Percentages were calculated from the Single Parent Sample.

	Connecticut	Florida	Iowa	Indiana	Minnesota
			sample) 28 years (average age in applicant sample)	36+ (16.9%) (at random assignment)	recipients) 29 years (average age of short-term recipients) 29 years (average age of applicants)
Age of Children	Age of youngest child: less than 2: 23.8% 2-9: 46.6% 10-19: 18.6% Data not available for 11% of sample	Age of youngest child: less than 1.5: 20.1% 1.5 - 9.5: 60.9% 9.5 - 20: 16.9% Data not available for 2.1% of sample	5.1 years (age of youngest child in ongoing sample) 4.8 years (age of youngest child in applicant sample)	Age of youngest child: less than 1: 29% 1-3: 33.2% 4-13: 33.2% 14+: 4.5%	Less than 3 years: 36% (long term recipients) 51% (short-term recipients) 55% (applicants) Between 3-5 years: 29% (long term recipients) 20% (short term recipients) 16% (applicants) Between 6-18 years: 35% (long term recipients) 29% (short term recipients) 29% (applicants)
Characteristics of Child Outcomes Sample				The sample for the child outcomes survey has not been drawn yet. Thus, demographic characteristics are not yet available.	
Location	New Haven and Manchester	Escambia	9 counties	All 92 counties in state	7 counties

	Connecticut	Florida	Iowa	Indiana	Minnesota
Sample Size	3,000 families[23]	3,300 families[24]	2,000 families[25]	1,850 families[26]	2,256 families[27]
Age of Children[28]	Focal child aged 5-12	Focal child aged 5-12	Focal child aged 5-12	Focal child aged 5-12	Focal child aged 5-12

[23] Targeted completes; will include 2,400 children ages 5-12.

[24] Targeted completes; will include 2,300 children ages 5-12.

[25] Targeted completes; selected from those who have completed the core survey.

[26] Targeted completes; will include 3,200 children ages 5-12.

[27] Number of completed interviews; female single headed families with a focal child between the ages of 5 and 12 at the time of the in-home interview.

[28] Other demographic details not yet available.

Table 6: States= Timetables for the Operational Phase

		1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002
Random Assignment	Connecticut					1/96-12/96						
	Florida			5/94-10/96								
	Indiana				5/95-11/99							
	Iowa		10/93-3/96									
	Minnesota			4/94-10/94								
Core Client Survey (adult-focused)(CCS) and Child Well Being Surveys (CWBS)	Connecticut					4/96-7/96 Wave I:CCS	1/97-3/97 Wave 2: CCS	18 mo. Option : 4/98-8/98	4/99-6/00 36 Mo.:CCS 4/99-6/00: CWBS			
	Florida				Q2-3 mo. phone survey: CCS		Q1-24 mo.: CCS	Q4-42 mo.: CCS 8/98-7/99: CWBS				
	Indiana					12/96 -5/97: Wave I: CCS			12/99-6/00 Wave 2:CCS CWBS		2/01 5/01 Wave 3: CCS	
	Iowa							7/98-4/99: CCS 8/98-4/99: CWBS				
	Minnesota				9/95-3/96: 12 mo. CCS		4/97-3/98: 36 mo. CCS 8/97- 5/98: 36 mo. CWBS					

Final Analysis of Child Well-Being Survey	Connecticut									2/00-12/00			
	Florida								3/99-9/99				
	Indiana									6/00-10/00			
	Iowa								6/99-2/00				
	Minnesota								8/98-5/99				
Final Child Impact Study Report Available	Connecticut										9/01		
	Florida									2/00			
	Indiana									12/00			
	Iowa									4/00			
	Minnesota									2/00			
Public Use Data File Available	Connecticut-To be decided												
	Florida-To be decided												
	Indiana-To be decided												
	Iowa									6/00			
	Minnesota-To be decided												

Table 7: Core Constructs for the Project on State-Level Child Outcomes (12/9/97)

TARGET OF WELFARE POLICIES

INCOME:
Total income

Sources of Income (mothers earnings, fathers earnings, child support, AFDC, food stamps, SSI, Foster Care/Adoption)

Stability of Income

Financial Strain/Material hardship

EMPLOYMENT:
Any vs. None

Health benefits through employment

Wages (hourly)

Hours of employment

Stability of employment

Education/Licenses

Multiple jobs concurrently

Barriers to Employment (harassment, violence)

FAMILY FORMATION:

Child/Family living arrangements

Marital Status, whether married to biological or non biological father

OTHER VARIABLES LIKELY TO BE AFFECTED BY STATE POLICIES

PSYCHOLOGICAL WELL-BEING:
Depression

STABILITY AND TURBULENCE:
Foster care

Stability in child care

Stability in income

# of moves of residence

# of school changes

Change in marital status or cohabitation

Why child not living with family

ABSENT PARENT INVOLVEMENT:
Whether child support provided

Paternity establishment

Frequency of contact with child

USE OF HEALTH & HUMAN SERVICES:
Food stamps

Medicaid (awareness, use, eligibility)

Child care subsidy (awareness, use, eligibility)

Access to medical care

CONSUMPTION:
% of income spent on child care and rent

ASPECT OF CHILD'S ENVIRONMENT LIKELY TO BE AFFECTED BY PREVIOUS COLUMNS

CHILD CARE:
Type

Extent

Quality (group size, ratio, licensing, parent perception)

Stability

Child Care Calendar for last several years

HOME ENVIRONMENT AND PARENTING PRACTICES:
Child Abuse/neglect (Admin. Data)

Domestic Violence/Abusive Relationships

Family Routines

Aggravation/stress in parenting

Emotional Support and Cognitive Stimulation Provided to Child

CHILD OUTCOMES

EDUCATION:
Engagement in school (ages 6-12)

School attendance (All Child)

School Performance (All Child)

Suspended/expelled (All Child)

Grades (ages 6-12)

HEALTH AND SAFETY:
Hunger/nutrition (ages 5-12)

Rating of child's health (ages 5-12)

Regular source of care (ages 5-12)

Teen Childbearing (ages 14-17) (All Child)

Accidents and injuries (All Child)

SOCIAL & EMOTIONAL ADJUSTMENT:
Behavior problems (ages 5-12)

Arrests (ages 10-17)

Positive Behaviors/Social Competence (ages 5-12)

Constructs in italics = In Home Survey
All Child = All Child Module

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Table 8: Overview of Three States= Measurement of the Common Core

Construct From the Common Core	Source in Minnesota ☎=phone survey; ⌂=in-home survey	Source in Iowa ☎=phone survey; ⌂=in-home survey	Source in Florida ☎=phone survey; ⌂=in home survey
Target of Welfare Policies			
Income			
Total Income (in the past year)	missing	☎J22-29	☎G11
Source of Income (in the past month)	MFIP F2b-c MFIP F2e-f MFIP F5a-f MFIP F4a-f MFIP F3a-f MFIP F7a-f	☎F15 AND H2 ☎J7-12 ☎J14-17a-c	⌂☎F1-10
Stability of Income	Administrative data--Earnings, FIP, Food Stamps, Child Support	Administrative data	Administrative Data
Financial Strain/Material Hardship	MFIP J1-2	⌂P1a-d, P2a-g ⌂P12-P13--NOT IN MFIP(A...how do family finances work out at the end of the month...@ & Ahow often have you borrowed money from friends or family...@	⌂☎I1a-g, I4-5 (same as Iowa P12-13)
Employment			
Any vs. None	D2	☎F1, F2, and H1 (Florida and MFIP ask if respondent is currently working for pay, Iowa asks about Aformal@ employment)	⌂☎C1-3
Health benefits through employment	D12, D13a	☎F16-19	⌂☎C13-14a
Wages(hourly)	D9-11; D20-22	☎F13-15, F37-39	⌂☎C10, C18-20
Hours of employment	D8, D19	☎F9, F36	⌂☎C8-9, C22, C34
Stability of employment	D18	☎F8, F34-35	⌂☎C7, C9, C15, C25

Construct From the Common Core	Source in Minnesota ☎=phone survey; 🏠=in-home survey	Source in Iowa ☎=phone survey; 🏠=in-home survey	Source in Florida ☎=phone survey; 🏠=in-home survey
Education/Licenses	B1-B6--not as detailed as Iowa	☎D12-13	🏠☎B1-2
Multiple jobs concurrently	D3	☎F2, F8, F34-35	🏠☎C3
Barriers to employment	GG1-9 (JOBS 5 year study)	🏠M2-11, SAQ (same questions as MFIP)	🏠M2-11, SAQ
Family Formation			
Child/Family living arrangements	E4-6	☎C1-C5, C12	E3a-e, E4
Marital status, whether married to biological or non-biological father	E7 BB1, 2	☎C2-5; A7-A11	E1
Other Variables Likely to be Affected by State Policies			
Psychological Well-being			
Maternal Depression	FF1-20 (20 item CES-D)	🏠Ka-t SAQ (20 item CES-D)	same as Iowa
Stability and Turbulence			
Foster Care	See Family Formation	See Family Formation	See Family Formation
Stability in child care	See Child Care	See Child Care	See Child Care
Stability in income	See Income	See Income	See Income
# of moves in residence	See Family Formation	See Family Formation	See Family Formation
# of school changes	See Education	See Education	See Education
Change in marital status or cohabitation	See Family Formation	See Family Formation	See Family Formation
Why child not living with family	See Family Formation	See Family Formation	See Family Formation
Absent Parent Involvement			
Whether child support provided	BB4, 5a, and b, 6a-d	🏠D4-7	🏠D1-6
Paternity establishment	BB3		

Construct From the Common Core	Source in Minnesota ☎=phone survey; 🗀=in-home survey	Source in Iowa ☎=phone survey; 🗀=in-home survey	Source in Florida ☎=phone survey; 🗀=in-home survey
		🗀C19	🗀C19
Frequency of contact with child	BB6c-f	🗀C10-13	🗀☎E4
Use of Health and Human Services			
Food stamps	A5, F3a-f, F4	☎J16a-c	🗀☎F3, K12
Medicaid ➔Awareness ➔Use ➔Eligibility	 Missing H4-5 Constructed	 ☎I9 ☎I-1a, 2a, 3a, 4a Constructed	 same as Iowa 🗀☎H1-3 or H4 Constructed
Child care subsidy ➔Awareness ➔Use ➔Eligibility	 H8, H8a H3, H7 Constructed	 ☎G15 ☎G12-14, D1b-11b ☎Constructed	 🗀☎E8 missing Constructed
Access to medical care	CC5-6 (AAbout how long has it been since child last saw....)	🗀J8-9 (AAbout how long has it been since child last saw....)	🗀J8-9 (AAbout how long has it been since child last saw....)
Consumption			
% of income spent on child care	H9, 9a	☎G11(typical week)	🗀☎G14 (past month)
% of income spent on rent	A2, A3, AA4a-b	☎B2-6	🗀☎E6 (how much do you pay for rent?)
Aspects of Child=s Environment Likely to be Affected by State Policies			
Child Care			
Type	H3	☎G6, G9	🗀☎G3-4
Extent	H9c-d	☎G10	🗀☎G5
Quality (group size, ratio, licensing, parent perception)	DD18a-c	🗀F11, F15	🗀F11, F15
Stability	Can use child care calendar data	☎G6	🗀F4

Construct From the Common Core	Source in Minnesota ☎=phone survey; 🏠=in-home survey	Source in Iowa ☎=phone survey; 🏠=in-home survey	Source in Florida ☎=phone survey; 🏠=in-home survey
Child Care Calendar for last several years	since RAD	🏠G17, G7, F10, G9, G19, G20, G12-13 (past 2 years)	🏠G1-20
Home Environment and Parenting Practices			
Child abuse/neglect	Does not plan to use administrative data to examine child abuse and neglect.	(Proposed to collect this from administrative data)	(Proposed to collect this from administrative data)
Domestic violence/abusive relationships	GG11-13 a-e (since RAD)	🏠L2-14 a-j (since RAD)	🏠L2-14 a-j (since RAD)
Family routines	AA5a-g--extra question about homework, leaves out question about child eating breakfast	🏠B1 a-g (Same as MFIP, without question about homework but includes breakfast question)	🏠☎B1a-g (SAME AS IOWA)
Aggravation/stress in parenting	II1 a-d	🏠Q1 a-f--same as MFIP + 2 additional questions (Atrapped by responsibilities@ &@being a parent is harder than you thought it would be@)	🏠☎Q1a-f(SAME AS IOWA)
Emotional Support and Cognitive Stimulation Provided to Child	AA6-24; II2-3 a-f--(selected items from the HOME SF and some additional cognitive stimulation items)	🏠B-14 🏠C6-8, 25-27 🏠Q2a-e (Iowa includes the entire HOME SF)	🏠B-14 🏠C6-8, 25-27 🏠Q2a-e (SAME AS IOWA)
Child Outcomes			
Education			
Engagement in school (ages 6-12)	JJ29-32	🏠i26 a-f	🏠i26 a-f
School attendance	missing	🏠i27-28	🏠i27-28
School Performance (Whether repeated a grade)	G11	🏠i10-12	🏠i10-12
Suspended/expelled	EE3	☎M8-10 🏠i13-16	🏠☎G11
Grades (ages 6-12)	G6	☎M7	🏠☎G8

Construct From the Common Core	Source in Minnesota ☎=phone survey; 🏠=in-home survey	Source in Iowa ☎=phone survey; 🏠=in-home survey	Source in Florida ☎=phone survey; 🏠=in-home survey
(Parents perception of how well child does in school)		🏠i7--which grade repeated (not in MFIP)	
Health and Safety			
Hunger/nutrition (ages 5-12)	J3, 4, 4a	☎P5-11	🏠☎J1-5 --same as Iowa except missing P11 (J3 in MFIP)
Rating of childs health (ages 5-12)	CC1	🏠J7	🏠J7
Regular source of care	CC2-4	🏠J8-J9	missing
Teen childbearing (ages (14-17)	EE5	☎M14-16 🏠J4-6	🏠J4-6
Accidents and injuries	I1	☎M24-26 🏠J1-2	🏠J1-2
Social and Emotional Adjustment			
Behavioral problems(ages 5-12)	Behavior Problems Index JJ1-28	🏠S1a-z, M2e-f	🏠Oa-z
Arrests (ages 10-17)	EE6, 6a (in trouble with police, not specifically arrests)	☎M17-21	🏠☎G13 🏠I30-35
Positive Behaviors/Social Competence(ages 5-12)	Positive Behaviors Scale JJ33-57	🏠N1a-g (social competence subscale of the Positive Behaviors Scale)	🏠N1a-g (social competence subscale of the Positive Behaviors Scale)

Figure 1: General Model

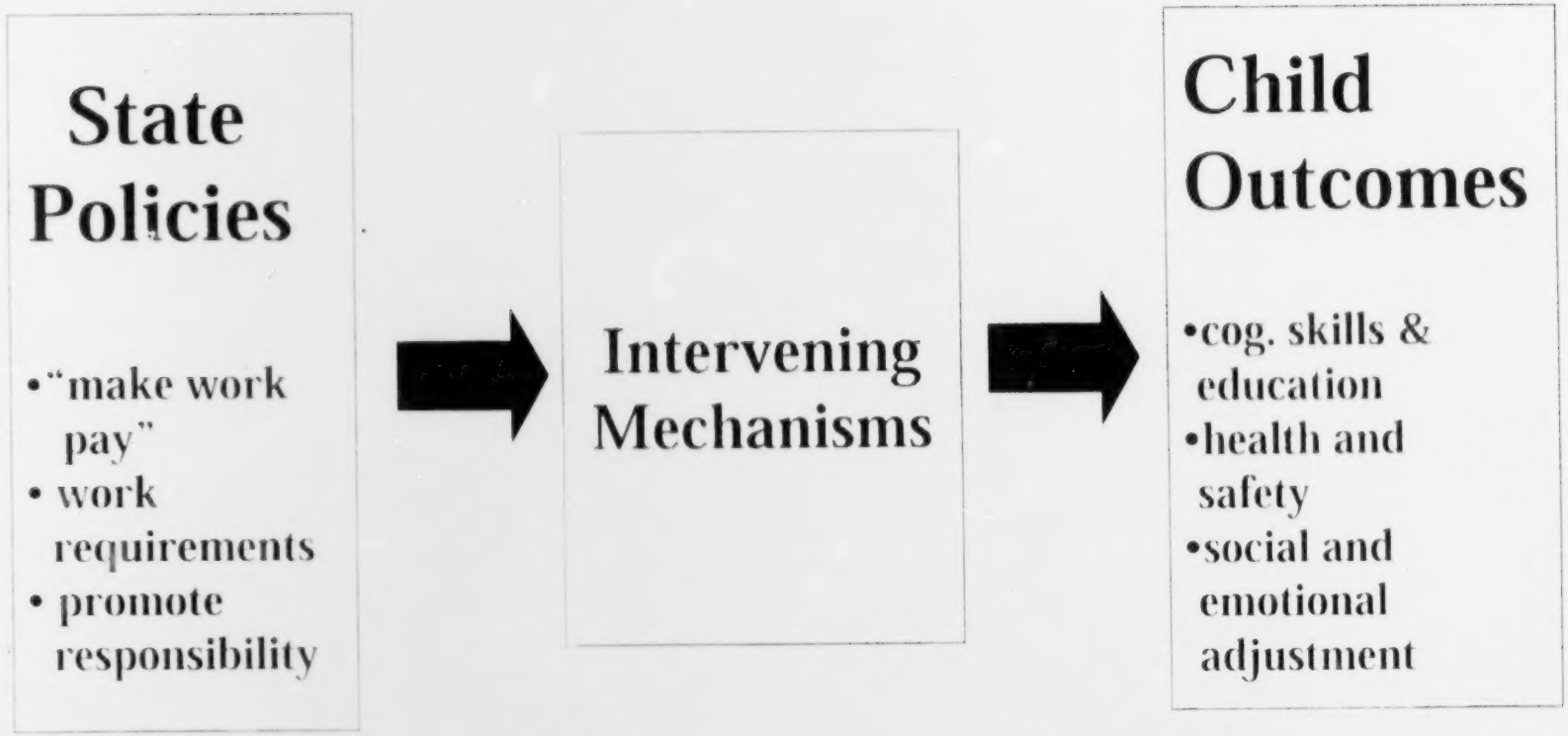
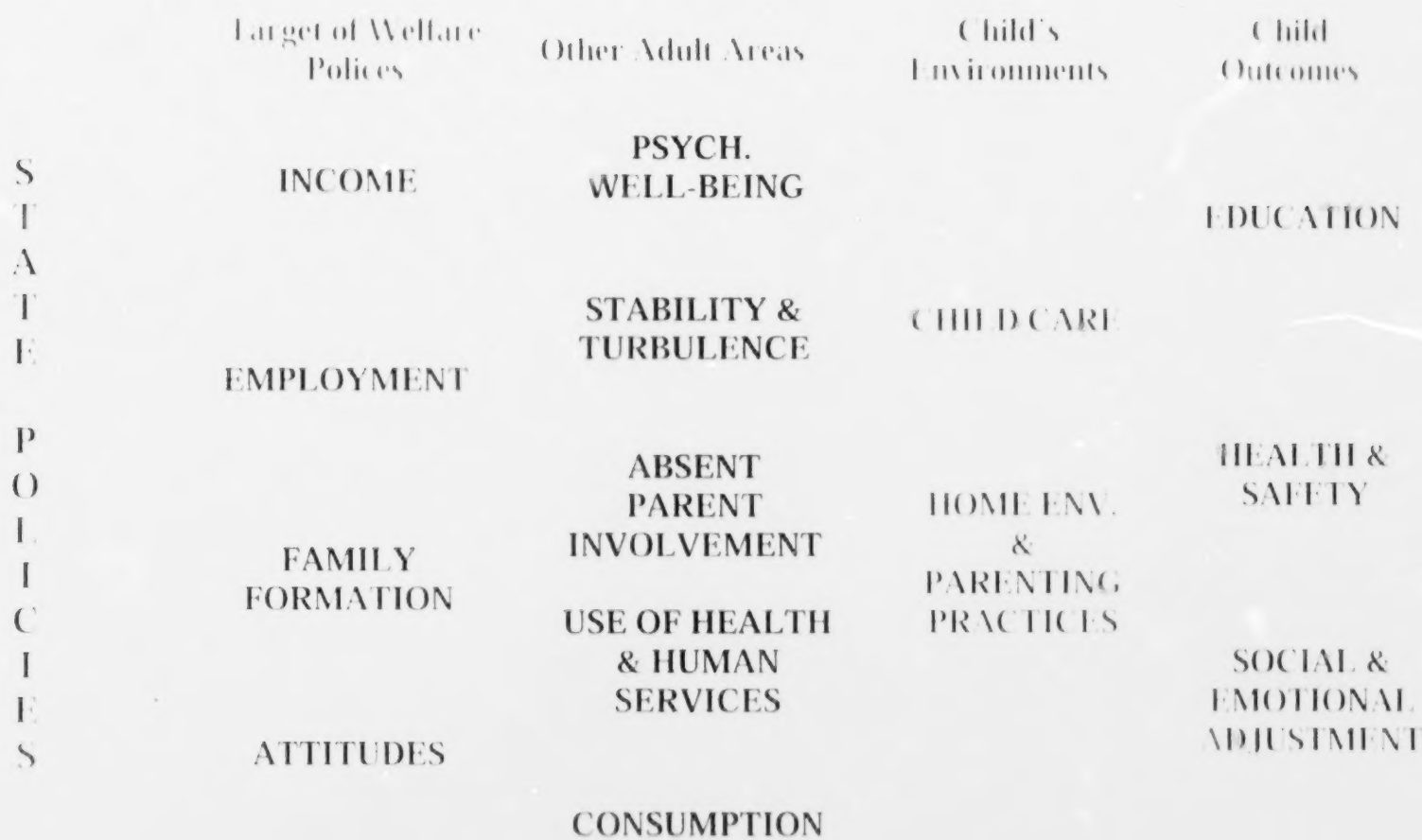


Figure 2: Differentiated Model



Appendix 1: List of Key Project Participants

Federal Agencies

Administration for Children and Families: Howard Rolston and Alan Yaffe.

Office of the Assistant Secretary for Planning and Evaluation: Martha Moorehouse, Ann Segal, Ann Rosewater, and Matt Stagner.

States

California: J. Oshi Ruelas.

Connecticut: Mark Heuschkel, Jim Murkette, Nancy Wiggett, and Ron Lucas.

Florida: Don Winstead, Pat Hall, and Jeannee Elswick-Morrison.

Iowa: Deb Bingaman.

Illinois: Dave Gruenenfelder, Linda Brumleve, Joel Maxon, and Alan Whittaker.

Indiana: Tracey Nixon, Charles Brandenburg, and Laura Nelson-Green.

Michigan: Bob Lovell, Blair Steiber, James Commet, Stephen Smucker, Ching-Li Wang, Susan Wright, and Subinoy Chakravarty.

Minnesota: Charles Johnson and Joel Kvamme.

Ohio: Jackie Martin, Annette Murch, Eleanor Brock, Stan Sells, Joel Rabb, Paul Glock, and Henry Zheng.

Oregon: Marge Reinhart and Lily Sehon.

Virginia: Carol Baron, Zandra Thompson, and Connie Hall.

Vermont: Cheryl Mitchell, David Murphey, Roy Haupt, and Sandra Dooley.

Researchers

Child Trends: Kristin Moore, Martha Zaslow, Suzanne Miller Le Menestrel, Sharon McGroder, Brett Brown, Tamara Halle, Kathryn Tout, M. Robin Dion, Christopher Botsko, Erin Oldham, Michelle Harper, Chisina Kapungu, Tawanda Greer, Laura Gitelson, Cheryl Oakes, Lauren Connon, and Fanette Jones.

NICHD Child and Family Well-Being Research Network: Kristin Moore (Child Trends), Jeanne Brooks-Gunn (Columbia University), Greg Duncan (Northwestern University), V. Jeffrey Evans (NICHD), and Natasha Cabrera (NICHD).

Evaluators and Technical Advisors to the States: David Fein, Chris Hamilton, Jean Layzer, Alan Werner, and Erik Beecroft (Abt Associates, Inc.); Barbara Goldman, Adria Gallup-Black, JoAnn Rock, and Greg Hoerz (Manpower Demonstration Research Corporation); Christine Ross, Nancy Fasciano, Lindsay Dobrzynski, and Martha Kovac (Mathematica Policy Research); and Bob Goerge and Mairead Reidy (Chapin Hall Center for Children, University of Chicago).

Other Researchers: Larry Aber (National Center for Children in Poverty, Columbia University) Tom Corbett (Institute for Research on Poverty, University of Wisconsin), Deborah Phillips (Board on Children, Youth and Families, National Academy of Sciences), and Don Hernandez (Board on Children, Youth and Families, National Academy of Sciences).

Foundations

Bill O=Hare and Michael Laracy (Annie E. Casey Foundation); Aimee Fitzpatrick and Tom Smith (Edna McConnell Clark Foundation); Jennifer Phillips (Charles Stewart Mott Foundation); Janice Molnar (formerly of the Ford Foundation); Ruby Takanishi (Foundation for Child Development); Judith Simpson (formerly of the George Gund Foundation); and Phoebe Cottingham (Smith Richardson Foundation).

Appendix 2: Agenda from February, 1997 Child Care Meeting

Meeting to Inform Child Care Components of State Welfare Waiver Evaluations
Sponsored by the NICHD Family and Child Well-being Network
February 7, 1997
The Aerospace Building
Washington, D.C.

9:30 **Welcome and Introductions**
Moderator: Natasha Cabrera

Jeff Evans and Natasha Cabrera
Purposes of this meeting and role of NICHD Family and Child Well-being Network

Martha Moorehouse and Howard Rolston
The Project on State-level Child Outcomes

Martha Zaslow and Erin Oldham
Goals and challenges of the state welfare waiver evaluations

10:00 **The New Policy Context**
Moderator: Martha Moorehouse

Joan Lombardi
Implications of new Federal legislation for child care in the states

Don Kassar
Perspective on child care in the new legislative context from the State of Iowa

Cherie Kotilnek
Perspective on child care in the new legislative context from the State of Minnesota

Larry Aber and Ann Collins
Findings from the Child Care Partnership Research Project and the Project on Welfare Waivers and Infant and Toddler Care

Discussion: Implications for the state welfare waiver evaluations and beyond

11:00 Break

11:15 **Research Findings on Child Care Contexts**
Moderator: Naomi Karp

Beth Shinn
Findings from the Florida Study of change in state regulations, and from the Family and Work Institute Study of Family Day Care

Bruce Fuller
Use of child care by families with differing cultural and socioeconomic backgrounds

David Blau
The production of quality in child care centers

Discussion: Implications for the state welfare waiver evaluations and beyond

12:15 Lunch

1:00 **Implications of Child Care Participation for Families and Children**
Moderator: Louisa Tarullo

Deborah Phillips
Recent findings from the NICHD Study of Early Child Care focusing on infant/toddler care

Ellen Peisner-Feinberg
Study of Cost and Quality in Child Care

Marcia Meyers
Child care and mothers' workforce and program participation

Ralph Cordell
Child care participation and children=s health

Discussion: Implications for the state welfare waiver evaluations and beyond

2:15 **Focus on Measurement Issues**
Moderator: Deborah Phillips

Sarah Friedman
Perspectives on the measurement of child care participation and quality

John Love
What is known (and not known) about poor quality care and its measurement

Jean Layzer and Barbara Goodson
Measurement issues in studying child care

Discussion: Implications for the state welfare waiver evaluations and beyond

3:15 **Wrap-up**
Moderator: Jeff Evans

Martha Zaslow
Implications of the presentations and discussions of the meeting for the state welfare waiver evaluations

Deborah Phillips
Implications of the presentations and discussions of the meeting for further research